STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CALIFORNIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	A. General Conditions of Eligibility
	Each individual covered under the plan:
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: 13-0026 MM	**STATE:** California
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: S89 Non-Financial Eligibility- Citizenship and Non-citizen Eligibility	**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:** Attachment 2.6-A: Page 2, TN 09-014 Attachment 2.6-A: Page 2a, TN 09-014 Attachment 2.6-A: Page 2b, TN 09-014 Attachment 2.6-A: Page 3, paragraphs (d) and (e), TN 92-19

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Non-Financial Eligibility **Citizenship and Non-Citizen Eligibility**	**S89**

1902(a)(46)(B)
8 U.S.C. 1611, 1612, 1613, and 1641
1903(v)(2),(3) and (4)
42 CFR 435.4
42 CFR 435.406
42 CFR 435.956

Citizenship and Non-Citizen Eligibility

☑ The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

■ The state provides Medicaid eligibility to otherwise eligible individuals:

☐ Who are citizens or nationals of the United States; and

☐ Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and

☐ Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

◉ Yes ○ No

The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.

◉ Yes ○ No

The date benefits are furnished is:

◉ The date of application containing the declaration of citizenship or immigration status.

○ The date the reasonable opportunity notice is sent.

○ Other date, as described:

Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).

(●) Yes ( ) No

The state elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

(●) Yes ( ) No

- [x] Pregnant women
- [x] Individuals under age 21:
  - (●) Individuals under age 21
  - ( ) Individuals under age 20
  - ( ) Individuals under age 19

- [x] An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

- [x] An individual is considered to be lawfully present in the United States if he or she:

1. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);

2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));

3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;

4. Is a non-citizen who belongs to one of the following classes:

   - [x] Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
   - [ ] Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
   - [ ] Granted employment authorization under 8 CFR 274a.12(c);
   - [ ] Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
   - [ ] Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
   - [ ] Granted Deferred Action status;
   - [ ] Granted an administrative stay of removal under 8 CFR 241;
   - [ ] Beneficiary of approved visa petition who has a pending application for adjustment of status;

5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231, or under the Convention Against Torture who -

   - [x] Has been granted employment authorization; or
   - [ ] Is under the age of 14 and has had an application pending for at least 180 days;

6. Has been granted withholding of removal under the Convention Against Torture;

7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);

8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or

9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));

10. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.

☐ Other

☑ The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:

■ Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613;

☐ Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, 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.

State: CALIFORNIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.406	3. Is residing in the United States (U.S.), and--

a. Is a citizen or national of the United States;

b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended;

c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;

d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;

e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.
_X__ State covers all authorized QAs.
___ State does not cover authorized QAs.

f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following:

State: CALIFORNIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) **Condition or Requirement**

(1) A "Qualified alien" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;

(2) A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a non-immigrant and is permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.;

(3) An individual described in 8 CFR section 103.12(a)(4) who does not have a permanent residence in the country of their nationality and is in a status that permits the individual to remain in the U.S. for an indefinite period of time, pending adjustment of status. These individuals include:

(a) An individual currently in temporary resident status as an Amnesty beneficiary pursuant to section 210 or 245A of the Immigration and Nationality Act (INA);

(b) An individual currently under Temporary Protected Status pursuant to section 244 of the INA;

(c) A family Unity beneficiary pursuant to section 301 of Public Law 101-649 as amended by, as well as pursuant to, section 1504 of Public Law 106-554;

(d) An individual currently under Deferred Enforced Departure pursuant to a decision made by the President; and

(e) An individual who is the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and

(4) An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including the following as specified in section 101(a)(15) of the INA:

- A parent or child of an individual with special immigrant status under section 101(a)(27) of the INA, as permitted under section 101(a)(15)(N) of the INA;
- A Fiancé of a citizen, as permitted under section 101(a)(15)(K) of the INA;
- A religious worker under section 101(a)(15)(R);

State: CALIFORNIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) Condition or Requirement

- An individual assisting the Department of Justice in a criminal investigation, as permitted under section 101(a)(15)(S) of the INA;
- A battered alien under section 101(a)(15)(U) (see also section 431 as amended by PRWORA); and
- An individual with a petition pending for 3 years or more, as permitted under section 101(a)(15)(V) of the INA.

_X__ **Elected for pregnant women.**
_X__ **Elected for children under age __21___.**

g. __X___ The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

Citation	Condition or Requirement
	d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
	e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).
42 CFR 435.403 1902(b) of the Act	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.
	/X/ State has interstate compact and placement of children agreement with all States, the Virgin Islands, District of Columbia with the exception of Washington D.C. and New Jersey.
	/_/ State has open agreement(s).
	/_/ Not applicable; no residency requirement.

SUPERSEDING PAGES OF STATE PLAN MATERIAL	
TRANSMITTAL NUMBER: 13-0025 MM	**STATE:** California
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: S88 Non-Financial Eligibility- State Residency	**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:** Section 2.3: Page 13, TN 87-08 Attachment 2.6-A: Page 3, #4, TN 13-0026 MM

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Non-Financial Eligibility State Residency	S88

42 CFR 435.403

State Residency

☑ The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- ■ Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
  - ■ Intends to reside in the state, including without a fixed address, or
  - ■ Entered the state with a job commitment or seeking employment, whether or not currently employed.
- ■ Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
- ■ Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
  - ■ Residing in the state, with or without a fixed address, or
  - ■ The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- ■ Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
  - ■ Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
  - ■ Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
  - ■ If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- ■ Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- ■ Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- ■ Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- ■ IV-E eligible children living in the state, or

Medicaid Eligibility

☒ Otherwise meet the requirements of 42 CFR 435.403.

Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

(•) Yes ( ) No

[■] The state has interstate agreements with the following selected states:

[X] Alabama	[X] Illinois	[X] Montana	[X] Rhode Island
[X] Alaska	[X] Indiana	[X] Nebraska	[X] South Carolina
[X] Arizona	[X] Iowa	[X] Nevada	[X] South Dakota
[X] Arkansas	[X] Kansas	[X] New Hampshire	[X] Tennessee
[X] California	[X] Kentucky	[X] New Jersey	[X] Texas
[X] Colorado	[X] Louisiana	[X] New Mexico	[X] Utah
[X] Connecticut	[X] Maine	[ ] New York	[X] Vermont
[X] Delaware	[X] Maryland	[X] North Carolina	[X] Virginia
[X] District of Columbia	[X] Massachusetts	[X] North Dakota	[X] Washington
[X] Florida	[X] Michigan	[X] Ohio	[X] West Virginia
[X] Georgia	[X] Minnesota	[X] Oklahoma	[X] Wisconsin
[X] Hawaii	[X] Mississippi	[X] Oregon	[ ] Wyoming
[X] Idaho	[X] Missouri	[X] Pennsylvania	

[■] The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

[X] Are IV-E eligible

[ ] Are in the state only for the purpose of attending school

[ ] Are out of the state only for the purpose of attending school

[ ] Retain addresses in both states

[ ] Other type of individual

The state has a policy related to individuals in the state only to attend school.

( ) Yes (•) No

[■] Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

(•) Yes ( ) No

Medicaid Eligibility

Provide a description of the definition:

As required by 42 CFR 435.403(j)(3) the Medi-Cal eligibility of a California resident will not be denied or terminated "...because of that person's temporary absence from the state if the person intends to return when the purpose of the absence has been accomplished, unless another state has determined that the person is a resident there for purposes of Medicaid."

An absence from the state of more than 60 days is presumptive evidence of intent to change residence to a place outside of California unless the individual declares orally or in writing an Intent to return to California and including but not limited to one of the following:

(A) Illness or emergency circumstances which prohibit return to California.
(B) Family members with whom the applicant or beneficiary lives are California residents and are physically present in the State.
(C) The applicant or beneficiary maintains California housing arrangements.

PRA Disclosure Statement

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CITATION			CONDITION OR REQUIREMENT
42 CFR 435.1008	5.	a.	Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008		b.	Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. _X_ Applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are provided under the plan.
42 CFR 433.145 1912 of the Act	6.		Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

Citation	Condition or Requirement
	An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(l)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate. An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate. /X/ Assignment of rights is automatic because of State law.
42 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number) -- except for aliens seeking medical assistance for the treatment of an emergency medical condition under Section 1903(v)(2) of the Social Security Act (Section 1137 (f)).

State/Territory: _____

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

Citation	Condition or Requirement
435.725 435.733 435.832	B. <u>Post-Eligibility Treatment of Institutionalized Individuals</u> The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care: 1. Personal Needs Allowance. a. Aged, blind, disabled-- Individuals $ 35.00** Couples $ 70.00** For the following individuals with greater need-- for individuals (and couples) with therapeutic wages, $35 ($70 for couples) plus an additional amount equal to either a) 70% of the gross wages; or b) 70% of the medically needy income level allowed for a non-institutionalized household of the same size, whichever is less.* b. AFDC related-- Children $ 35.00 Adults $ 35.00 c. Individuals under age 21 covered in this plan as specified in Item B.7. of <u>ATTACHMENT 2.2-A</u>. $ 35.00
435.725 435.733 435.832	2. For maintenance of the non-institutionalized spouse only. The amount must be based on a reasonable assessment of need but must not exceed the highest of -- SSI level $ _____ SSP level $ _____ Medically needy level $ 550.00 Other as follows $ _____

*See Attachment 2.6-A, Page 4a.
**The full MNIL will be allowed as the amount of the PNA for individuals institutionalized for part of a month.

B. Institutionalized Individuals (1.)(a)(1). (con't)

. Therapeutic wages are defined as monies paid for work that is performed by a long-term care (LTC) beneficiary and which has been prescribed by the beneficiary's doctor in order to improve a condition of disability. The work must be performed at the facility in which the beneficiary resides.

. If both members of an institutionalized couple are earning therapeutic wages, the deduction will be applied to the combined gross wages of the two. If only one spouse of the couple is earning therapeutic wages, the deduction will apply only to the therapeutic wages.

Citation	Condition or Requirement
1924 of the Act	3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse: a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which a maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(c). The maintenance needs standard consists of a poverty level component plus any excess shelter allowance. ___ The poverty level component is calculated using the applicable percentage (set out in §1924(d)(3)(B) of the Act) of the official poverty level. ___ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to___%, of the official poverty level (still subject to the maximum maintenance needs standard)

Citation	Condition or Requirement
	_X_ The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C). Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support. In determining any excess shelter allowance, utility expenses are calculated using: _*_ the standard utility allowance under §5 (E) of the Food Stamp Act of 1977, or _*_ the actual reimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

**Not applicable under California's Section 1924(d)(3)(c) election for the community spouse's monthly income allocation.

Citation	Condition or Requirement
	b. The monthly income allowance for other dependent family members living with the community spouse is: ___ one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act using the applicable percentage specified in §1924(d)(3)(B) exceeds the dependent family member's monthly income. _X_ a greater amount calculated as follows: The amount by which the poverty level component (Calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B) exceeds the dependent family member's monthly income.
	The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924(d)(1): California adheres to the definition of dependency provided by the Secretary.

State: CALIFORNIA

Citation	Condition or Requirement
	3. For children, each family member. AFDC level $_____ Medically needy level $*(see footnote below) Other as follows $_____
	4. Amounts for incurred medical expenses not subject to payment by a third party. a. Health insurance premiums, deductibles and co-insurance charges b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)
	5. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period. X Yes. Amount for maintenance of home $ 200.00 __ No.
1902(l) of the Act	6. SSI benefits paid under section 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital or NF.

*For maintenance of family members when there is no community spouse, an amount which, when added to the countable income of the family member(s), equals their Medi-Cal medically needy maintenance need levels.

Citation	Condition or Requirement

7. Maintenance standards for community spouses and other dependent family members used to calculate monthly income allowances under Section 1924 of the Act.

a. Community spouses

___1. A standard based on the formula contained in Section 1924(d) is used.

X 2. The maximum standard contained in Section 1924(d)(3)(C).

___3. A fixed standard which is greater than the minimum standard described in Section 1924(d) plus actual shelter costs not to exceed the maximum standard contained in Section 1924(d)(3)(C).
The standard used is $_____.

b. Other family members who are dependent

X 1. A standard based on the formula contained in Section 1924(d)(1)(C) is used.

___2. A fixed standard greater than the amount which would be used if the formula described in Section 1924(d)(1)(C) were used. The standard used is $_____.

*___ c. The standards described above are used for individuals receiving home and community-based waiver services in lieu of services provided in a medical or remedial care institution.

d. Definition of dependency

The definition of dependency below is used to define dependent children, parents and siblings for purposes of deducing allowances under Section 1924.

"Dependency" is defined as IRS dependency for federal tax purposes.

* California does not apply the provisions of Section 1924 of the Act to any of its home and community-based service waiver programs, except for the Mentally Retarded and Developmentally Disabled program (#0129.91.01).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CALIFORNIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	C. Financial Eligibility For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below. For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply. Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.

State: CALIFORNIA

Citation	Condition or Requirement
	___ Supplement 2 to ATTACHMENT 2.6-A specifies the resou levels for mandatory and optional categorically needy pove level related groups, and for medically needy groups.
	___ Supplement 7 to ATTACHMENT 2.6-A specifies the income lev for categorically needy aged, blind and disabled persons are covered under requirements more restrictive than SS
	___ Supplement 4 to ATTACHMENT 2.6-A specifies the methods determining income eligibility used by States that have mo restrictive methods than SSI, permitted under section 1902 of the Act.
	___ Supplement 5 to ATTACHMENT 2.6-A specifies the methods f determining resource eligibility used by States that ha more restrictive methods than SSI, permitted under secti 1902(f) of the Act.
	X Supplement 8a to ATTACHMENT 2.6-A specifies the methods f determining income eligibility used by States that are mo liberal than the methods of the cash assistance program permitted under section 1902(r)(2) of the Act.
	X Supplement 8b to ATTACHMENT 2.6-A specifies the methods f determining resource eligibility used by States that are mo liberal than the methods of the cash assistance program permitted under section 1902(r)(2) of the Act.
	X Supplement 14 to ATTACHMENT 2.6-A specifies income leve used by States for determining eligibility of Tuberculosi infected individuals whose eligibility is determined und §1902(z)(1) of the Act.

FROM :HCFA-REGION IX, S.F. TO : 916 657 0957 1996,07-23 01:20PM #808 P.04/05

Citation	Condition or Requirement
	c. In determining countable income for blind individuals, the following disregards are applied: X The disregards of the SSI program. __ The disregards of the State supplementary payment program, as follows: __ The disregards of the SSI program, except for the following restrictions applied under the provisions of section 1902(f) of the Act.
435.721 435.831 and 1902(m)(1)(B) and (m) (4) of the Act, P.L. 99-509 (Sec. 9402(a) and (b))	d. In determining countable income for disabled individuals, the following disregards are applied: X The disregards of the SSI program. For the Medically Needy, the Agency applies disregards as specified in Supplement 3 to Attachment 2.6-A, in addition to items 1b, c and d. For the A&D FPL Program under 1902(a)(10)(A)(ii)(X), rules more liberal than the SSI rules are listed on Supplement 8a to Attachment 2.6A, page 6.

Citation	Condition or Requirement
	____ The disregard of the State supplemental payment program, as follows:
	____ The disregard of the SSI program, except for the following restrictions applied under the provision of section 1902(f) of the Act.
	For the Medically Needy, the Agency applies disregards as specified in Supplement 3 to Attachment 2.6-A in addition to items 1 b, c and d.
1902(l)(3)(E) and 1902(r)(2) of the Act	e. For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV, (VI), and (VII) and 1902(a)(10)(A)(ii)(IX) of the Act --
	(1) The following methods are used in determining countable income: the methods of the approved AFDC plan except those specified on page 3 of Supplement 8a for Attachment 2.6-A.
1902(e)(6) of the Act	(2) The agency continues to treat women eligible under the plan as an individual described in section 1902(a)(10)(A)(i)(IV) and subsection (l)(1)(A) without regard to any changes in income of the family of which she is a member, until the end of the month in which the 60 day period (beginning on the last day of her pregnancy) ends.

Citation	Condition or Requirement
1905(p)(1)(C) and (m)(5)(B) of the Act, P.L. 99-509 (Secs. 9403(b) and (f)	f. In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10(E) of the Act, the following disregards are applied: _X_ The disregards of the SSI program; Unless a beneficiary is eligible by applying the same methods and standards used for any other ABD-MN. See Supplements 3 and 5 to Attachment 2.6.-A ____ The disregards of the State supplementary payment program, as follows: ____ The disregards of the SSI program except for the following restriction, applied under the provisions of section 1902(f) of the Act.

Supplement 1 to ATTACHMENT 2.6-A specifies for non-1902(f) and 1902(f) States the income levels for optional categorically needy groups of individuals with incomes up to the Federal nonfarm income poverty line--pregnant women and infants or children covered under section 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for optional groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E) of the Act.

Supplement 7 to ATTACHMENT 2.6-A specifies for 1902(f) States the income levels for categorically needy, aged, blind and disabled persons who are covered under requirements more restrictive than SSI.

Citation	Condition or Requirement
1902(k) of the Act, P.L. 99-272 (Section 9506) and P.L. 99-509 (Section 9435(c))	2. Medicaid Qualifying Trusts In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded. ___ The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.
1902(a)(10) of the Act, P.L. 97-248 (Section 137)	3. Medically needy income levels (MNILs) are based on family size. Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.
435.732 435.831	4. Handling of Excess Income - Spend-down for Medically Needy (All States) and Categorically Needy (1902(f) States) a. Medically Needy (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures

Citation	Condition or Requirement
	available income for a period of 1 (one) month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
	(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
	(a) Health insurance premiums, deductibles and coinsurance charges.
	(b) Expenses for necessary medical and remedial care not included in the plan.
	(c) Expenses for necessary medical and remedial care included in the plan.
	___ Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.
	b. Categorically Needy - Section 1902 (f) States
435.732	___ The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:
	(1) Any SSI benefit received.
	(2) Any optional State supplement received.
	(3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section.

Citation	Condition or Requirement
	(4) Other deductions from income applied under the Medicaid plan.
	(5) Required incurred medical and remedial services.
	5. Resource Exemption - Categorically and Medically Needy
	** a. Except as specified in item C.5.e. below, in determining countable resources for AFDC related individuals, the disregards and exemptions in the State's approved AFDC plan are applied.
1902(a)(10) and 1902(m)(1)(C) of the Act P.L. 97-248 (Section 137) and P.L. 99-509 (Section 9402) 1902(r)(2) of the Act	b. In determining countable resources for aged individuals, the following disregards are applied:
	**X The disregards of the SSI program.
	____ The disregards of the SSI program, except for the following restrictions applied under the provisions of Section 1902(f) of the Act:
	c. In determining countable resources for blind individuals, the following disregards are applied:
1902(r)(2) of the Act	**X The disregards of the SSI program.
	____ The disregards of the SSI program, except for the following restrictions applied under the provisions of Section 1902(f) of the Act:

**See SUPPLEMENT 8b TO ATTACHMENT 2.6-A for methodologies more liberal than SSI. and/or AFDC.

Citation	Condition or Requirement
	If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level. For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period. For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.
1905(s) of the Act	g. (1) <u>Qualified disabled and working individuals</u>. In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.
1905(p) of the Act	(2) <u>Specified low-income Medicare beneficiaries</u>. In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

* U.S. G.P.O.:1993-342-239:80032

Citation	Condition or Requirement
1902(u) of the Act	(h) COBRA Continuation Beneficiaries In determining countable income for COBRA continuation beneficiaries, the following disregards are applied: _____ The disregards of the SSI program; _____ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A. NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

State/Territory: CALIFORNIA

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XIII) of the Act	(i) Working Disabled Who Buy In to Medicaid In determining countable income and resources for working disabled individuals who buy into Medicaid, the following methodologies are applied: ____The methodologies of the SSI program. ____The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A. _X_The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6A pgs 5 and 5a. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6A pgs 6, 7 and 14. X_ The agency requires individuals to pay premiums or other cost-sharing charges. The premiums or other cost-sharing charges, and how they are applied, are described on Attachment 2.6-A Page 12d. Each individual eligible for the 250 Percent Working Disabled Program will pay a monthly sliding-scale premium based on countable income. A minimum payment of $20 and a maximum payment of $250 per eligible individual or $375 per eligible couple are required. The agency will be responsible for collection of such premiums.

State/Territory: _____

Citation	Condition or Requirement

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

Description of how premiums are applied:

Net Countable Income From	To	Amount of Premium For One Eligible Individual	Amount of Premium For Two Eligible Individuals
$1	$600 *	$20	$30
$601 (MNL for one + $1	$700	$25	$40
$701	$900	$50	$75
$901	$1,100	$75	$100
$1,101	$1,300	$100	$150
$1,301	$1,500	$125	$200
$1,501	$1,700	$150	$225
$1,701	$1,900	$175	$275
$1,901	$2,100	$200	$300
$2,101	250 Percent of the federal poverty level (FPL) for two (for year 2000 - $2,344)	$250	$375

* This amount is the maintenance need income level (MNL) for one under the Medically Needy (MN) program.

State: CALIFORNIA

Citation	Condition or Requirement
1902(k) of the Act	2. Medicaid Qualifying Trusts In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded. x The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.
1917 of the Act	2a. Trusts established on or after August 11, 1993, shall be treated in accordance with Section 1917 of the Act.
1902(a)(10) of the Act	3. Medically needy income levels (MNILs) are based on family size. Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

Citation	Condition or Requirement
42 CFR 435.732, 435.831	4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only a. Medically Needy (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of 1 month(s) to determine the amount of excess countable income applicable to the cost of medical care and services. (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order: (a) Health insurance premiums, deductibles and coinsurance charges. (b) Expenses for necessary medical and remedial care not included in the plan. (c) Expenses for necessary medical and remedial care included in the plan. ___ Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.
1902(a)(17) of the Act	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

Citation	Condition or Requirement
1903(f)(2) of the Act	4.a. Medically Needy (Continued)
PAGE NOT APPLICABLE	___ (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

State/Territory California

Citation		Condition or Requirement
		Medically Needy (continued)
1902(a)(17) 435.831(g)(2) 436.831(g)(2)		States are permitted to exclude from incurred medical expenses those bills for services furnished more than three months before a Medicaid Application
	X	Yes, the State elects to exclude such expenses.
	____	No, the State does not elect to exclude such expenses.

Citation	Condition or Requirement
	4. b. Categorically Needy - Section 1902 (f) States
42 CFR 435.732 PAGE NOT APPLICABLE	The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income: (1) Any SSI benefit received. (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act. (3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section. (4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4. (5) Incurred expenses for necessary medical and remedial services recognized under State law.
1902(a)(17) of the Act, P.L. 100-203	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

Citation	Condition or Requirement
	4.b. Categorically Needy - Section 1902(f) States Continued
1903(f)(2) of the Act	___ (6) Spenddown payments made to the State by the individual.
PAGE NOT APPLICABLE	NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

Citation	Condition or Requirement

5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the State's approved AFDC plan; and

/X/ (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

Citation	Condition or Requirement
	5. Methods for Determining Resources
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r) of the Act	b. Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources:
	___ The methods of the SSI program.
	X SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
	___ Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

Citation	Condition or Requirement
	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the Act	c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources: ___ The methods of the SSI program. X SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A. ___ Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods. In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

State: CALIFORNIA

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act	d. Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources: ___ The methods of the SSI program. X SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A. ___ Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal that those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A. In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(l)(3) and 1902(r)(2) of the Act	e. Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act. The agency uses the following methods in the treatment of resources. ___ The methods of the SSI program only. ___ The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

State/Territory: CALIFORNIA

Citation	Condition or Requirement
1905(p)(1)(C) and (D) and 1902(r)(2) of the Act	5. h. For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources: ___ The methods of the SSI program only. _Y_ The methods of the SSI program and/or more liberal methods as described in Supplement 8b to ATTACHMENT 2.6-A.
1905(s) of the Act	i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources: ___ The methods of the SSI program only. ___ More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.

Citation	Condition or Requirement
1902(a)(10)(E)(iii) of the Act	k. Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act-- The agency uses the same method as in 5.h. of Attachment 2.6-A.

6. Resource Standard - Categorically Needy

a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:

___ Same as SSI resource standards.

___ More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

b. Non-1902(f) States (except as specified under items 6.c. and d. below)

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

Citation	Condition or Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act	e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:
PAGE NOT APPLICABLE	___ Same as SSI resource standards.
	___ Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).
	Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.

State: California

Citation	Condition or Requirement
	7. Resource Standard - Medically Needy
	a. Resource standards are based on family size.
1902(a)(10)(C)(i) of the Act	b. A single standard is employed in determining resource resource eligibility for all groups.
	__ c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for-- __ Aged __ Blind __ Disabled Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 to ATTACHMENT 2.6-A so indicates.
1902(a)(10)(E), 1905(p)(1)(C), 1905(p)(2)(B) and 1860D-14(a)(3)(D) of the Act	8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 1996 by the increase in the consumer price index.

State: California

Citation	Condition or Requirement
1902(a)(10)(E)(ii), and 1905(s) of the Act	9. Resource Standard - Qualified Disabled and Working Individuals For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.
1902(u) of the Act	9.1. For COBRA continuation beneficiaries, the resource standard is: __ Twice the SSI resource standard for an individual. __ More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

Citation	Condition or Requirement
1902(u) of the Act	10. Excess Resources

a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

b. Categorically Needy Only

__X__ This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

c. Medically Needy

Any excess resources make the individual ineligible.

Citation	Condition or Requirement
42 CFR 435.914	11. Effective Date of Eligibility

a. Groups Other Than Qualified Medicare Beneficiaries

(1) For the prospective period.

Coverage is available for the full month if the following individuals are eligible at any time during the month.

X Aged, blind, disabled.
X AFDC-related.
**

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

___ Aged, blind, disabled.
___ AFDC-related.

(2) For the retroactive period.

Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:

___ Aged, blind, disabled.
___ AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..

X Aged, blind, disabled.
X AFDC-related.
**

** ALL OTHER GROUPS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)		Condition or Requirement
1920(b)(1) of the Act	X	(3) For a presumptive eligibility period for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) and 1905(a) of the Act	X	b. For qualified Medicare beneficiaries defined in Section 1905(p)(1) of the Act; coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under Section 1905(p)(1). The eligibility determination is valid for-- X 12 months ___ 6 months ___ ___ months (no less than 6 months and no more than 12 months)

State/Territory CALIFORNIA

Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	12. Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources. Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to ATTACHMENT 2.6-A.
1917 of the Act	12a. Transfer of assets (income and resources) occurring on or after August 11, 1993 shall be treated in accordance with Section 1917 of the Act.
1924 of the Act	13. The agency complies with the provisions of Section 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community. When applying the formula used to determine the amount of resources protected for community spouses in initial eligibility determinations, the State standard for community spouses is -- _X_ the maximum standard permitted under law; ____ the minimum standard permitted by law; or ____ a standard that is an amount between the minimum and the maximum. The amount is (specify amount or how it is calculated).