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# CA - Submission Package - CA2020MS00040 - (CA-20-0033) - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	CA2020MS00040	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	CA
<b>SPA ID</b>	CA-20-0033	<b>Region</b>	San Francisco, CA
<b>Version Number</b>	1	<b>Package Status</b>	Review
<b>Submitted By</b>	Angeli Sus Lee	<b>Submission Date</b>	7/27/2020
		<b>Regulatory Clock</b>	89 days remain
		<b>Review Status</b>	Review 1

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

<b>Package ID</b>	CA2020MS00040	<b>SPA ID</b>	CA-20-0033
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/27/2020
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

Reviewable Unit Instructions

### State Information

**State/Territory Name:** California

**Medicaid Agency Name:** California Department of Health Care Services

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

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<b>Superseded SPA ID</b> N/A	

**Reviewable Unit Instructions**

### SPA ID and Effective Date

**SPA ID** CA-20-0033

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	8/1/2020	CA-19-0050
Individuals Eligible for but Not Receiving Cash Assistance	8/1/2020	CA-19-0050
Age and Disability-Related Poverty Level	8/1/2020	CA-19-0050

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/27/2020
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

Reviewable Unit Instructions

### Executive Summary

**Summary Description Including Goals and Objectives** The intent of CA-20-0033 is to roll back the policy changes made effective by CA-19-0050 and restore the approved policy set forth in California’s State Plan prior to August 1, 2020. Policy changes made effective as of August 1, 2020 by CA-19-0050 cannot be implemented by California until a later date due to the COVID Public Health Emergency. This SPA package removes the Blind Federal Poverty Level and Aged & Disabled Federal Poverty Level income disregards of income up to 138% FPL added in 19-0050, and replaces them with California’s current approved income disregards for the Individuals Eligible for but not receiving Cash Assistance and the Age and Disability-Related Poverty Level coverage groups.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

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

#### Federal Statute / Regulation Citation

1396a(a)(10)(A)(ii)(I), (X); 1396a(r)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

**Package ID** CA2020MS00040  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** CA-20-0033  
**Initial Submission Date** 7/27/2020  
**Effective Date** N/A

#### Reviewable Unit Instructions

### Governor's Office Review

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

**Describe** The Governor does not want to review this SPA.

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

CMS-10434 OMB 0938-1188

**The submission includes the following:**

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups

Reviewable Unit Name	Included in Another Submission Package	Source Type
Optional Eligibility Groups		APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

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<b>Superseded SPA ID</b>	N/A		

#### Reviewable Unit Instructions

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

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

## Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

**Package ID** CA2020MS00040  
**Submission Type** Official  
**Approval Date** N/A  
**Superseded SPA ID** N/A

**SPA ID** CA-20-0033  
**Initial Submission Date** 7/27/2020  
**Effective Date** N/A

#### Reviewable Unit Instructions

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

- Yes
- No

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

- Yes
- No

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

DHCS does not believe a Tribal Notice is required because the proposal does not make changes to the Medi-Cal program that further restrict eligibility; or reduce payment rates or make updates to payment methodologies to Indian health programs; or reduce or restrict access to covered services for American Indian Medi-Cal beneficiaries or increase services reimbursed to Indian health programs. CMS approved DHCS' no-notice request on 6/9/20.

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

<b>Package ID</b> CA2020MS00040	<b>SPA ID</b> CA-20-0033
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 7/27/2020
<b>Approval Date</b> N/A	<b>Effective Date</b> 8/1/2020
<b>Superseded SPA ID</b> CA-19-0050 System-Derived	

#### Reviewable Unit Instructions

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes  No

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

#### Families and Adults

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

**Aged, Blind and Disabled**

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>		NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		APPROVED
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>		NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>		NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

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<b>Superseded SPA ID</b> CA-19-0050 System-Derived	

#### Reviewable Unit Instructions

## B. Medically Needy Options for Coverage

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

Yes  No

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

### 1. Mandatory Medically Needy:

#### Families and Adults

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

#### Aged, Blind and Disabled

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

### 2. Optional Medically Needy:

#### Families and Adults

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

#### Aged, Blind and Disabled

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

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

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<b>Superseded SPA ID</b>	CA-19-0050 System-Derived		

#### Reviewable Unit Instructions

### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

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

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

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

#### Package Header

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<b>Superseded SPA ID</b>	CA-19-0050		
	System-Derived		

#### Reviewable Unit Instructions

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

#### A. Characteristics

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

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

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

2. Do not receive cash assistance under these programs.

## Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

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<b>Superseded SPA ID</b>	CA-19-0050 System-Derived		

#### Reviewable Unit Instructions

### B. Individuals Covered

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

Yes

No

2. The state covers the following populations:

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

## Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

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#### Reviewable Unit Instructions

### C. Financial Methodologies

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

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

- Yes
- No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
Standard Income Disregard	<p>Countable income, as determined in accordance with Section 1902 (m) of the Act, does not exceed an income standard equal to 100 percent of federal poverty level for 1 or 2 persons.</p> <p>As permitted under Section 1902(r)(2) an income disregard of \$230 for an individual or in a case of a couple a \$310 income disregard. If such disregards are not sufficient to result in an effective income level equal to the SSI/SSP payment level for a disabled individual or, in the case of a couple, the SSI/SSP payment level for a disabled couple, then an income disregard sufficient to achieve that result.</p> <p>Including a deduction, equal to the Medically Needy maintenance need level for the number of ineligible members in the family budget unit. Please refer to Supplement 1 to Attachment 2.6-A, page 6 for Medically Needy maintenance need levels.</p>

- A specified type of income is disregarded:

Name of income type:	Description:

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

The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for family members	<p>As referenced in Supplement 1 to Attachment 2.6-A, page 6 and Supplement 8a to Attachment 2.6-A, page 7</p> <p>An income disregard applicable to the Medically Needy (MN) program (established pursuant to Sections 1902(a)(10)(C), 1902(r)(2), and 1905(a) of the Social Security Act) which is more liberal than those of the most closely related cash assistance</p>

Name of methodology:	Description:
	<p>program (the former AFDC program for AFDC-MN families and the SSI/SSP cash assistance program for ABD MN individuals) is listed below. Included in this listing is a declaration as to whether the listed more-liberal income disregard replaces an existing AFDC or SSI program disregard.</p> <p>1. A set of income disregards (see information below), dependent on family size, that, when added to the maximum income standard for the Medically Needy (MN) program permitted under Section 1903 (f) of the Social Security Act (and based on 133 percent of the federally approved Maximum Aid Payment for the former AFDC program in place as of July 16, 1996) produces the effective income standards for the Medically Needy program. This set of income disregards does not replace any income disregard of the SSI program or of the former AFDC program.</p> <p>First number in the line is the number of family members. Second number in the line is the size of MNL Income disregard. Third number in the line is the MN Income STD. limit. Fourth number in the line is the effective MNL for the MN program:</p> <p>1, 83, 517, 600                  2, 108, 642, 750                  2 Adults, 134, 800**, 934                  3, 134, 800, 934                  4, 150, 950, 1100                  5, 184, 1075, 1259                  6, 208, 1209, 1417                  7, 216, 1334, 1550                  8, 242, 1450, 1692                  9, 258, 1567, 1825                  10, 275, 1684, 1959</p> <p>For each additional person, add \$14.00</p> <p>**This Maintenance Need Level applies only when at least one of the adults is aged, blind, or disabled.</p>

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

- Yes
- No

The less restrictive resource methodologies are:

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

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

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.
  - A motor vehicle is disregarded under specific conditions.
    - Specified conditions:

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

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

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

A specified type of resource is disregarded:

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

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

<p>Name of resource type:</p>	<p><b>Description:</b></p> <p>or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or</p> <ul style="list-style-type: none"> <li>• if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.</li> </ul> <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Bona fide, good faith effort to sell or liquidate resource</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of</p>

Name of resource type:	Description:
Restitution payments made to Holocaust victims	<p>one of the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <ul style="list-style-type: none"> <li>(1) on the basis of race, religion, physical or mental disability, or sexual orientation;</li> <li>(2) during any period before, during or after.</li> </ul> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:</p> <ul style="list-style-type: none"> <li>(1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</li> <li>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a</li> </ul>

<p>Name of resource type:</p>	<p>Description:</p> <p>result of a final resolution of a legal action;                      (4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or                      (5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Resources exempted under 1902(a)(10)(A)(ii)(XIII)</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)</li> </ul>
<p>In-home caregiver resource disregard</p>	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> <li>1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and</li> </ol>

Name of resource type:	Description:
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</li> </ul> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> <li>• The family member is a regular employee of an organization which is providing the services; and</li> <li>• The organization receives the payment for the services; and</li> <li>• The family member receives no compensation other than the normal compensation for employees in his or her job category.</li> </ul> <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> <li>• the amount of payments made for services by the insurance policy; or</li> <li>• the actual charge for the services.</li> </ul> <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if</p>

Name of resource type:	Description:
Unpaid incurred medical bills	<p>a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <p>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</p> <p>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902 (a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment, or</p> <p>C. Who are Qualified Medicare Beneficiaries [1905(p)].</p> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> <li>• only when payment of those medical bills occurs in a later month, and</li> <li>• verification of payment is provided.</li> </ul> <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)</p>

Name of resource type:	Description: (2): • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
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## Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

<b>Package ID</b>	CA2020MS00040	<b>SPA ID</b>	CA-20-0033
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/27/2020
<b>Approval Date</b>	N/A	<b>Effective Date</b>	8/1/2020
<b>Superseded SPA ID</b>	CA-19-0050 System-Derived		

#### Reviewable Unit Instructions

### D. Income Standard Used

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

### E. Resource Standard Used

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

## Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

<b>Package ID</b>	CA2020MS00040	<b>SPA ID</b>	CA-20-0033
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/27/2020
<b>Approval Date</b>	N/A	<b>Effective Date</b>	8/1/2020
<b>Superseded SPA ID</b>	CA-19-0050 System-Derived		

#### Reviewable Unit Instructions

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

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

### Package Header

<b>Package ID</b>	CA2020MS00040	<b>SPA ID</b>	CA-20-0033
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/27/2020
<b>Approval Date</b>	N/A	<b>Effective Date</b>	8/1/2020
<b>Superseded SPA ID</b>	CA-19-0050		
	System-Derived		

#### Reviewable Unit Instructions

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

### A. Characteristics

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

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

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

<b>Package ID</b>	CA2020MS00040	<b>SPA ID</b>	CA-20-0033
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/27/2020
<b>Approval Date</b>	N/A	<b>Effective Date</b>	8/1/2020
<b>Superseded SPA ID</b>	CA-19-0050 System-Derived		

#### Reviewable Unit Instructions

### B. Individuals Covered

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

- Yes
- No

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

<b>Package ID</b>	CA2020MS00040	<b>SPA ID</b>	CA-20-0033
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/27/2020
<b>Approval Date</b>	N/A	<b>Effective Date</b>	8/1/2020
<b>Superseded SPA ID</b>	CA-19-0050 System-Derived		

#### Reviewable Unit Instructions

### C. Financial Methodologies

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

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

Yes

No

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

Yes

No

The less restrictive income methodologies are:

General income disregard:

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

Name of disregard:	Description:
	<p>individual or, in the case of a couple, the SSI/SSP payment level for a disabled couple, then an income disregard sufficient to achieve that result.</p> <p>Including a deduction, equal to the Medically Needy maintenance need level for the number of ineligible members in the family budget unit. Please refer to Supplement 1 to Attachment 2.6-A, page 6 for Medically Needy maintenance need levels.</p>

A specified type of income is disregarded:

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

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

The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for family members	<p>As referenced in Supplement 1 to Attachment 2.6-A, page 6 and Supplement 8a to Attachment 2.6-A, page 7</p> <p>An income disregard applicable to the Medically Needy (MN) program (established pursuant to Sections 1902(a)(10)(C), 1902(r)(2), and 1905(a) of the Social Security Act) which is more liberal than those of the most closely related cash assistance program (the former AFDC program for AFDC-MN families and the SSI/SSP cash assistance program for ABD MN individuals) is listed below. Included in this listing is a declaration as to whether the listed more-liberal income disregard replaces an existing AFDC or SSI program disregard.</p> <p>1. A set of income disregards (see information below), dependent on family size, that, when added to the maximum income standard for the Medically Needy (MN) program permitted under Section 1903(f) of the Social Security Act (and based on 133 percent of the federally</p>

Name of methodology:	Description:
	<p>approved Maximum Aid Payment for the former AFDC program in place as of July 16, 1996) produces the effective income standards for the Medically Needy program. This set of income disregards does not replace any income disregard of the SSI program or of the former AFDC program.</p> <p>First number in the line is the number of family members.                      Second number in the line is the size of MNL Income disregard.                      Third number in the line is the MN Income STD. limit.                      Fourth number in the line is the effective MNL for the MN program:</p> <p>1, 83, 517, 600                      2, 108, 642, 750                      2 Adults, 134, 800**, 934                      3, 134, 800, 934                      4, 150, 950, 1100                      5, 184, 1075, 1259                      6, 208, 1209, 1417                      7, 216, 1334, 1550                      8, 242, 1450, 1692                      9, 258, 1567, 1825                      10, 275, 1684, 1959</p> <p>For each additional person, add \$14.00</p> <p>**This Maintenance Need Level</p>

Name of methodology:	Description:
	applies only when at least one of the adults is aged, blind, or disabled.

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

- Yes
- No

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

- Yes
- No

The less restrictive resource methodologies are:

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

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

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable</p>

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

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

A motor vehicle is disregarded under specific conditions.

Specified conditions:

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A specified type of resource is disregarded:

Name of resource type:	Description:
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> <li>• only when payment of those medical bills occurs in a later month, and</li> <li>• verification of payment is provided.</li> </ul> <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above</p>

Name of resource type:	Description:
Japanese Reparation Payments	<p>would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p>

Name of resource type:	Description:
	<p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii)(I) •</li> <li>(a)(10)(A)(ii)(VI) •</li> <li>(a)(10)(A)(ii)(VII) •</li> <li>(a)(10)(A)(ii)(IX) •</li> <li>(a)(10)(A)(ii)(X) •</li> <li>(a)(10)(A)(ii)(XII) •</li> <li>(a)(10)(A)(ii)(XIII) •</li> <li>(a)(10)(A)(ii)(XVII) •</li> <li>(a)(10)(A)(ii)(XVIII) •</li> <li>(a)(10)(A)(ii)(XXI) •</li> <li>(a)(10)(C)(i)(III) •</li> <li>1905(p)</li> </ul>
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of</p>

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

Name of resource type:	Description:
	<p>resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> <li>• if a child under the age of 21 lives on the property, or</li> <li>• if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</li> <li>• if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or</li> <li>• if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market</li> </ul>

Name of resource type:	Description:
	<p>value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.</p> <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Bona fide, good faith effort to sell or liquidate resource	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no</p>

<p>Name of resource type:</p>	<p>Description:</p> <p>conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Restitution payments made to Holocaust victims</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis</p>

Name of resource type:	Description:
	<p>regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation;                      (2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:                      (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset.                      A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or</p>

Name of resource type:	Description:
	<p>otherwise compensated to the holocaust victim or his or her heirs or beneficiaries; (3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action; (4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or (5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Precertified long-term care insurance policy or health care	As referenced in SUPPLEMENT 8b TO ATTACHMENT

Name of resource type:	Description:
service plan contract	<p data-bbox="1258 226 1372 252">2.6-A Page 1:</p> <p data-bbox="1258 277 1404 672">A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p data-bbox="1258 703 1404 1669">Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> <li data-bbox="1258 1102 1404 1291">• The family member is a regular employee of an organization which is providing the services; and</li> <li data-bbox="1258 1302 1404 1470">• The organization receives the payment for the services; and</li> <li data-bbox="1258 1480 1404 1669">• The family member receives no compensation other than the normal compensation for employees in his or her job category.</li> </ul> <p data-bbox="1258 1701 1404 1942">The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> <li data-bbox="1258 1848 1404 1942">• the amount of payments made for services by the insurance</li> </ul>

Name of resource type:	Description:
Resources exempted under 1902(a)(10)(A)(ii) (XIII)	As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for

policy; or

- the actual charge for the services.

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

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

- A. Medically Needy [1902(a)(10)(C)(i)(III)], or
- B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902 (a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or
- C. Who are Qualified Medicare Beneficiaries [1905(p)].

Name of resource type:	Description:
	<p>individuals in the optional coverage group under section 1902(a)(10)(A)(ii) (XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)</li> </ul>
<p>In-home caregiver resource disregard</p>	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> <li>1) The caregiver is being paid for providing the in-home care to</li> </ol>

Name of resource type:	Description:
	<p>his/her spouse or minor child living in the home, and 2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p>
	<p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p>
	<p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p>
	<ul style="list-style-type: none"><li>• 1902(a)(10)(A)</li><li>(ii) • 1902(a)(10)</li><li>(C)(i)(III) • 1905(p)</li></ul>

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

<b>Package ID</b>	CA2020MS00040	<b>SPA ID</b>	CA-20-0033
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	7/27/2020
<b>Approval Date</b>	N/A	<b>Effective Date</b>	8/1/2020
<b>Superseded SPA ID</b>	CA-19-0050 System-Derived		

#### Reviewable Unit Instructions

### D. Income Standard Used

The income standard for this eligibility group is:

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

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

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#### Reviewable Unit Instructions

### E. Resource Standard Used

The resource standard used is:

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

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00040 | CA-20-0033

### Package Header

<b>Package ID</b>	CA2020MS00040	<b>SPA ID</b>	CA-20-0033
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#### Reviewable Unit Instructions

### F. Additional Information (optional)

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