

Records / Submission Packages - Your State

# CA - Submission Package - CA2020MS00060 - (CA-20-0045) - Eligibility

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



## Center for Medicaid & CHIP Services

November 19, 2020

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

Re: Approval of State Plan Amendment CA-20-0045

Dear Ms. Cooper:

On September 02, 2020, the Centers for Medicare and Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-20-0045 to increase the Blind Federal Poverty Level (FPL) and the Aged and Disabled FPL program income limits by increasing the income disregard to all countable income above the Supplemental Security Income/State Supplementary Payment (SSI/SSP) standard up to 138% of FPL for the Blind FPL program and up to 138% FPL for the Aged and Disabled FPL program. The income disregard is applied after all other exclusions and disregards and is effective December 1, 2020..

We approve California State Plan Amendment (SPA) CA-20-0045 on November 19, 2020 with an effective date(s) of December 01, 2020.

Please note that accompanying this approval of SPA 20-0045 is a companion letter regarding a resource disregard, which the state will need to act upon after the end of the COVID-19 Public Health Emergency.

Name	Date Created	
<a href="#">CA-20-0045 Companion Letter</a>	11/13/2020 5:37 PM EST	

If you have any questions regarding this amendment, please contact Cheryl Young at [cheryl.young@cms.hhs.gov](mailto:cheryl.young@cms.hhs.gov).

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

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



Medicaid and CHIP Operations Group

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November 13, 2020

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

Dear Ms. Cooper:

We are issuing this letter as a companion to the Centers for Medicare and Medicaid Services' (CMS) approval of California's State Plan Amendment (SPA) CA 20-0045. California SPA 20-0045 increases the Blind Federal Poverty Level (FPL) and the Aged and Disabled FPL program income limits by increasing the income disregard to all countable income above the Supplemental Security Income/State Supplementary Payment (SSI/SSP) standard up to 138% of FPL for the Blind FPL program and up to 138% FPL for the Aged and Disabled FPL program. The income disregard is applied after all other exclusions and disregards and is effective December 1, 2020. During the course of our review of SPA 20-0045, we found a comparability issue with a resource disregard, which is the subject of this letter.

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

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

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

We discussed this issue with the state on October 7, 2020. This letter documents that the state agrees it will submit an additional SPA to correct this issue as soon as practicable after the end of the COVID-19 PHE. Such a SPA would remove this disregard now incorporated into MACPro in the reviewable units (RUs) for “Individuals Eligible for but Not Receiving Cash Assistance” and “Age and Disability-Related Poverty Level.”

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

Sincerely,

A black rectangular redaction box covers the signature area, with a blue ink scribble visible above it.

Digitally signed by James G.  
Scott -S  
Date: 2020.11.13 13:03:36  
-06'00'

James G. Scott, Director  
Division of Program Operations

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

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# CA - Submission Package - CA2020MS0006O - (CA-20-0045) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	CA2020MS0006O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	CA
<b>SPA ID</b>	CA-20-0045	<b>Region</b>	San Francisco, CA
<b>Version Number</b>	3	<b>Package Status</b>	Approved
<b>Submitted By</b>	Angeli Sus Lee	<b>Submission Date</b>	9/2/2020
<b>Package Disposition</b>		<b>Approval Date</b>	11/19/2020 12:22 PM EST

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00060 | CA-20-0045

### Package Header

<b>Package ID</b>	CA2020MS00060	<b>SPA ID</b>	CA-20-0045
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/2/2020
<b>Approval Date</b>	11/19/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### 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 | CA2020MS0006O | CA-20-0045

### Package Header

<b>Package ID</b> CA2020MS0006O	<b>SPA ID</b> CA-20-0045
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 9/2/2020
<b>Approval Date</b> 11/19/2020	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### SPA ID and Effective Date

**SPA ID** CA-20-0045

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	12/1/2020	CA-20-0016
Individuals Eligible for but Not Receiving Cash Assistance	12/1/2020	CA-20-0016
Age and Disability-Related Poverty Level	12/1/2020	CA-20-0016

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS0006O | CA-20-0045

### Package Header

<b>Package ID</b>	CA2020MS0006O	<b>SPA ID</b>	CA-20-0045
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/2/2020
<b>Approval Date</b>	11/19/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment is required to implement state Senate Bill (SB) 104 (2019). SB 104 increases the Blind Federal Poverty Level (FPL) and the Aged and Disabled FPL program income limits by increasing the income disregard to all countable income above the SSI/SSP payment standard up to 138% of FPL for the Blind FPL program and 100% up to 138% FPL for the Aged and Disabled FPL program. The income disregard is applied after all other exclusions and disregards. The legislation will expand the existing program by shifting some individuals from Medi-Cal eligibility with a share of cost (SOC) to eligibility without a SOC. For those individuals, the Department of Health Care Services will begin paying their Medicare Part B premiums and managed care capitation. This income disregard is a permissible less restrictive income methodology under 1902(r)(2) authority.

### Federal Budget Impact and Statute/Regulation Citation


#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$76323642
Second	2021	\$104298000

#### 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	
Budget CA SPA 20 0045	10/1/2020 7:05 PM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS0006O | CA-20-0045

### Package Header

**Package ID** CA2020MS0006O  
**Submission Type** Official  
**Approval Date** 11/19/2020  
**Superseded SPA ID** N/A

**SPA ID** CA-20-0045  
**Initial Submission Date** 9/2/2020  
**Effective Date** N/A

### 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 | CA2020MS0006O | CA-20-0045

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	<input type="radio"/>	APPROVED

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00060 | CA-20-0045

### Package Header

<b>Package ID</b>	CA2020MS00060	<b>SPA ID</b>	CA-20-0045
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/2/2020
<b>Approval Date</b>	11/19/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

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 | CA2020MS00060 | CA-20-0045

### Package Header

**Package ID** CA2020MS00060  
**Submission Type** Official  
**Approval Date** 11/19/2020  
**Superseded SPA ID** N/A

**SPA ID** CA-20-0045  
**Initial Submission Date** 9/2/2020  
**Effective Date** N/A

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

Yes  
 No

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

Yes  
 No

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

DHCS does not believe a Tribal Notice is required because the proposal does not make changes to the Medi-Cal program that further restrict eligibility; or reduce payment rates or make updates to payment methodologies to Indian health programs; or reduce or restrict access to covered services for American Indian Medi-Cal beneficiaries or increase services reimbursed to Indian health programs. CMS approved DHCS' no-notice request on August 25, 2020.

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS00060 | CA-20-0045

### Package Header

<b>Package ID</b> CA2020MS00060	<b>SPA ID</b> CA-20-0045
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 9/2/2020
<b>Approval Date</b> 11/19/2020	<b>Effective Date</b> 12/1/2020
<b>Superseded SPA ID</b> CA-20-0016	
User-Entered	

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.
















Yes  No

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

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals Electing COBRA Continuation Coverage		<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS0006O | CA-20-0045

### Package Header

<b>Package ID</b> CA2020MS0006O	<b>SPA ID</b> CA-20-0045
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 9/2/2020
<b>Approval Date</b> 11/19/2020	<b>Effective Date</b> 12/1/2020
<b>Superseded SPA ID</b> CA-20-0016	
User-Entered	

## B. Medically Needy Options for Coverage

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

Yes  No

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

### 1. Mandatory Medically Needy:

#### Families and Adults

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

#### Aged, Blind and Disabled


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

#### Aged, Blind and Disabled

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

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS0006O | CA-20-0045

### Package Header

<b>Package ID</b>	CA2020MS0006O	<b>SPA ID</b>	CA-20-0045
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/2/2020
<b>Approval Date</b>	11/19/2020	<b>Effective Date</b>	12/1/2020
<b>Superseded SPA ID</b>	CA-20-0016		
	User-Entered		

### 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 | CA2020MS00060 | CA-20-0045

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

#### Package Header

<b>Package ID</b>	CA2020MS00060	<b>SPA ID</b>	CA-20-0045
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/2/2020
<b>Approval Date</b>	11/19/2020	<b>Effective Date</b>	12/1/2020
<b>Superseded SPA ID</b>	CA-20-0016		
	User-Entered		

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

#### A. Characteristics

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

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

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

2. Do not receive cash assistance under these programs.

## Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS0006O | CA-20-0045

### Package Header

<b>Package ID</b>	CA2020MS0006O	<b>SPA ID</b>	CA-20-0045
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/2/2020
<b>Approval Date</b>	11/19/2020	<b>Effective Date</b>	12/1/2020
<b>Superseded SPA ID</b>	CA-20-0016		
	User-Entered		

### 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 | CA2020MS0006O | CA-20-0045

### Package Header

<b>Package ID</b> CA2020MS0006O	<b>SPA ID</b> CA-20-0045
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 9/2/2020
<b>Approval Date</b> 11/19/2020	<b>Effective Date</b> 12/1/2020
<b>Superseded SPA ID</b> CA-20-0016	
User-Entered	

### 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:
Blind FPL Expansion	Disregard the amount of countable income over 100% FPL up to 138% FPL. 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 [shall be applied].

Census Bureau wages are disregarded.

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

A specified type of income is disregarded:

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

Name of income type:	Description:
In-home caregiver wages	<p>shall be exempt. These coverage groups are:</p> <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) • 1902(a)(10)(C)(i)(III) • 1905(p)</li> </ul>

The following less restrictive methodologies are used:

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

Name of methodology:	Description: size of 3, as permitted by 42 CFR § 435.1007(c).
Medicare Part B Disregard	For the Section 1902 (a)(10)(A) (ii)(I) and (X) eligibility groups, disregard from an individual's income the amount of such individual's incurred Medicare Part B premium.

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</p>

<p><b>Name of methodology:</b></p>	<p><b>Description:</b></p> <p>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>
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The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

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

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

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

A specified type of resource is disregarded:

Name of resource type:	Description:
<p>Unpaid incurred medical bills</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</p>

<p>Name of resource type:</p>	<p>Description:</p> <p>application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Japanese Reparation Payments</p>	<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)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>

Name of resource type:	Description:
<p>SSI and AFDC differing methodologies</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>
<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 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> </ul>



Name of resource type:	Description:
Bona fide, good faith effort to sell or liquidate resource	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r) (2):</p>

Name of resource type:	Description:
Restitution payments made to Holocaust victims	<p>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</p> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation;</p> <p>(2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:</p> <p>(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;</p> <p>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</p> <p>(4) as a direct or indirect return of, or compensation or</p>

<p>Name of resource type:</p>	<p><b>Description:</b></p> <p>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>Independence Accounts</p>	<p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> <li>• Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).</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> <li>2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</li> </ol> <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)</p>

Name of resource type:	Description:
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>(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 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)</p>

Name of resource type:	Description:
Resources exempted under 1902(a)(10)(A)(ii)(XIII)	<p>(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)].</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>

## Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS0006O | CA-20-0045

### Package Header

<b>Package ID</b>	CA2020MS0006O	<b>SPA ID</b>	CA-20-0045
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/2/2020
<b>Approval Date</b>	11/19/2020	<b>Effective Date</b>	12/1/2020
<b>Superseded SPA ID</b>	CA-20-0016		
	User-Entered		

### D. Income Standard Used

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

### E. Resource Standard Used

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

## Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS0006O | CA-20-0045

### Package Header

<b>Package ID</b>	CA2020MS0006O	<b>SPA ID</b>	CA-20-0045
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/2/2020
<b>Approval Date</b>	11/19/2020	<b>Effective Date</b>	12/1/2020
<b>Superseded SPA ID</b>	CA-20-0016		
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### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS0006O | CA-20-0045

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>	CA2020MS0006O	<b>SPA ID</b>	CA-20-0045
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/2/2020
<b>Approval Date</b>	11/19/2020	<b>Effective Date</b>	12/1/2020
<b>Superseded SPA ID</b>	CA-20-0016		
	User-Entered		

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 | CA2020MS0006O | CA-20-0045

### Package Header

<b>Package ID</b>	CA2020MS0006O	<b>SPA ID</b>	CA-20-0045
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/2/2020
<b>Approval Date</b>	11/19/2020	<b>Effective Date</b>	12/1/2020
<b>Superseded SPA ID</b>	CA-20-0016		
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### 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 | CA2020MS0006O | CA-20-0045

### Package Header

<b>Package ID</b> CA2020MS0006O	<b>SPA ID</b> CA-20-0045
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 9/2/2020
<b>Approval Date</b> 11/19/2020	<b>Effective Date</b> 12/1/2020
<b>Superseded SPA ID</b> CA-20-0016	
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### C. Financial Methodologies

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

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

Yes  
 No

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

Yes  
 No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Aged and Disabled FPL Expansion	Disregard the amount of countable income over 100% FPL up to 138% FPL. 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 [shall be applied].

Census Bureau wages are disregarded.

**Description of disregard:** As per mit ted un der Se

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A specified type of income is disregarded:

Name of income type:	Description:
Kinship Guardianship Benefit Payments	As referenced in Supplement 8a of Attachment 2.6-A page 9:
	As permitted

Name of income type:	Description:
	<p>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</p>

Name of income type:	Description:
	<p>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)</li> <li>(ii) • 1902(a)(10)</li> <li>(C)(i)(III) • 1905(p)</li> </ul>

The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for ineligible family members	<p>Disregard and amount equal to the appropriate figure below, based on household size. This disregard description clarifies the existing policy listed on pages 6, 6a, and 7 of Supplement 8a to Attachment 2.6-A of the state plan.</p> <p>Household of 1: \$600                      Household of 2: \$750                      Household of 2 adults*: \$934                      Household of 3: \$934                      Household of 4: \$1,100                      Household of 5: \$1,259                      Household of 6: \$1,417                      Household of 7: \$1,550                      Household of 8: \$1,692                      Household of 9: \$1,825                      Household of 10: \$1,959</p> <p>*A household of</p>

<p><b>Name of methodology:</b></p>	<p><b>Description:</b></p> <p>two adults where at least one person is aged, blind, or disabled utilizes the deduction for a household size of 3, as permitted by 42 CFR § 435.1007 (c).</p>
<p>Medicare Part B Disregard</p>	<p>For the Section 1902 (a)(10)(A)(ii) (I) and (X) eligibility groups, disregard from an individual's income the amount of such individual's incurred Medicare Part B premium.</p>

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

Yes  
 No

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

Yes  
 No

The less restrictive resource methodologies are:

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

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

<p><b>Name of methodology:</b></p>	<p><b>Description:</b></p>
<p>Burial Funds</p>	<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>

Name of methodology:	Description:
	<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</p>

<b>Name of methodology:</b>	<b>Description:</b> coverage groups referenced in the Social Security Act at Section 1902(r)(2):  (a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)
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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:
Restitution payments made to Holocaust victims	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany,</p>

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

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

<p><b>Name of resource type:</b></p>	<p><b>Description:</b></p> <p>under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> <li>• Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).</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> <li>2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</li> </ol> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care</p>

Name of resource type:	Description:
Precertified long-term care insurance policy or health care service plan contract	<p>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)(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</li> </ul>

Name of resource type:	Description:
	<p>receives the payment for the services: and</p> <ul style="list-style-type: none"> <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 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> <ul style="list-style-type: none"> <li>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</li> <li>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)</li> </ul>

Name of resource type:	Description:
Resources exempted under 1902(a)(10)(A)(ii) (XIII)	<p>who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or C. Who are Qualified Medicare Beneficiaries [1905(p)].</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>



Name of resource type:	Description:
Unpaid incurred medical bills	<p>• 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)</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</p>

Name of resource type:	Description:
Japanese Reparation Payments	<p>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> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise</p>

Name of resource type:	Description:
	<p>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)(X) •</li> <li>(a)(10)(A)(ii)(XIII) •</li> <li>(a)(10)(A)(ii)(XVIII) •</li> <li>(a)(10)(C)(i)(III) •</li> <li>1905(p)</li> </ul>
<p>SSI and AFDC differing methodologies</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</li> </ul>

<p><b>Name of resource type:</b></p>	<p><b>Description:</b></p> <p>apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.</p> <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 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</li> </ul>

Name of resource type:	Description:
	<p>only, a disabled child age 21 or over shall be considered a dependent relative),</p> <ul style="list-style-type: none"> <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 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</p>

Name of resource type:	Description:
Bona fide, good faith effort to sell or liquidate resource	<p>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 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</p>

Name of resource type:	Description:
	<p>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>

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2020MS0006O | CA-20-0045

### Package Header

<b>Package ID</b>	CA2020MS0006O	<b>SPA ID</b>	CA-20-0045
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/2/2020
<b>Approval Date</b>	11/19/2020	<b>Effective Date</b>	12/1/2020
<b>Superseded SPA ID</b>	CA-20-0016		
	User-Entered		

### D. Income Standard Used

The income standard for this eligibility group is:

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



## Age and Disability- Related Poverty Level

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	User-Entered		

### E. Resource Standard Used

The resource standard used is:

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

## Age and Disability- Related Poverty Level

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	User-Entered		

### F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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