



Region IX
Division of Medicaid & Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

OCT 06 2009

Toby Douglas
Chief Deputy Director of Health Care Programs
California Department of Health Care Services
1501 Capitol Avenue, MS 0002
P.O. Box 997413
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State plan amendment (SPA) No. 09-009, effective July 1, 2009. This SPA implements adds a new coverage group for individuals who qualify as blind under Titles II and XVI of the Social Security Act through the use of more liberal income and resource methodologies under Section 1902(r)(2) of the Social Security Act. This SPA adds pages 9c and 9c1 to Attachment 2.2A and page 6a to Attachment 2.6A.

If you have any questions please contact Michelle Baldi at (415) 744-3656.

Sincerely,

fn Gloria Nagle, Ph.D., M.P.A.
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Kathryn Waje, California Department of Health Care Services
Vivian Auble, California Department of Health Care Services
Brenda Sheppard, Center for Medicaid and State Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
09-009

2. STATE
CA

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2009

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Title XIX of the Social Security Act, Section 1902(a)(10)(A)(ii)(I)
Title XIX of the Social Security Act, Section 1902(r)(2)

7. FEDERAL BUDGET IMPACT:
a. FFY 2009-2010 \$ None
b. FFY 2010-2011 \$ None

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A
Page 9c1
Supplement 8a to Attachment 2.6-A
Page 6a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
N/A

10. SUBJECT OF AMENDMENT:

Blind Individuals Who Would Otherwise Be Eligible For The SSI/SSP Program

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Toby Douglas

14. TITLE:
Chief Deputy Director

15. DATE SUBMITTED:

16. RETURN TO:

Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.3.26
P.O. Box 997417
Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
July 8, 2009

18. DATE APPROVED:
October 6, 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 1009

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Gloria Nagle, Ph.D., MPA

22. TITLE:
Associate Regional Administrator, DMCHO

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

Agency Citations

Groups Covered

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

TN No. 09-009 Approval Date: OCT 06 2009 Effective Date: July 1, 2009
 Supersedes
 TN No. 92-09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

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

TN No. 09-009 Approval Date: OCT 16 2009 Effective Date: July 1, 2009
Supersedes
TN No. None

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

**METHODOLOGIES FOR TREATMENT OF INCOME THAT DIFFER FROM
THOSE OF THE
SSI AND AFDC PROGRAM
(Less Restrictive than SSI and AFDC)**

1902(a)(10)(A)(ii)(I)
1902(r)(2)

The more liberal methodologies described on this page shall apply to the program for the blind described on Attachment 2.2-A, pages 9c and 9c-1.

Countable income, as determined in accordance with Section 1902(m) of the Act, does not exceed an income standard equal to 100 percent of federal poverty level for 1 or 2 persons.

As permitted under Section 1902(r)(2) an income disregard of \$230 for an individual or in a case of a couple a \$310 income disregard. If such disregards are not sufficient to result in an effective income level equal to the SSI/SSP payment level for a disabled individual or, in the case of a couple, the SSI/SSP payment level for a disabled couple, then an income disregard sufficient to achieve that result.

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.

TN No. 09-009 Approval Date: OCT 06 2009 Effective Date: July 1, 2009
Supersedes
TN No. None