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**State/Territory Name: CA**

**State Plan Amendment (SPA) #: 23-0012**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

# CA - Submission Package - CA2023MS00020 - (CA-23-0012) - Eligibility

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



## Center for Medicaid & CHIP Services

July 14, 2023

Jacey Cooper  
State Medicaid Director  
California Department of Health Care Services  
1501 Capitol Avenue  
Sacramento, CA 95899

Re: Approval of State Plan Amendment CA-23-0012

Dear Jacey Cooper,

On May 17, 2023, the Centers for Medicare & Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-23-0012, in which the state proposed to disregard, under the authority of section 1902(r)(2) of the Social Security Act, all countable resources for all eligibility groups covered under the state plan to which a resource standard applies.

We approve California State Plan Amendment (SPA) CA-23-0012 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact Cheryl Young at Cheryl.Young@cms.hhs.gov.

Sincerely,  
Ruth A. Hughes  
Acting Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services

# CA - Submission Package - CA2023MS00020 - (CA-23-0012) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	CA2023MS00020	<b>SPA ID</b>	CA-23-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/17/2023
<b>Approval Date</b>	07/14/2023	<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Superseded SPA ID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 | CA2023MS00020 | CA-23-0012

### Package Header

**Package ID** CA2023MS00020  
**Submission Type** Official  
**Approval Date** 07/14/2023  
**Superseded SPA ID** N/A

**SPA ID** CA-23-0012  
**Initial Submission Date** 5/17/2023  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** CA-23-0012

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2024	CA-23-0009
Qualified Medicare Beneficiaries	1/1/2024	CA-22-0072
Specified Low Income Medicare Beneficiaries	1/1/2024	CA-22-0072
Qualifying Individuals	1/1/2024	CA-22-0072
Optional Eligibility Groups	1/1/2024	CA-22-0072
Individuals Eligible for but Not Receiving Cash Assistance	1/1/2024	CA-22-0072
Age and Disability-Related Poverty Level	1/1/2024	CA-22-0072
Work Incentives	1/1/2024	CA-22-0072
Medically Needy Pregnant Women	1/1/2024	CA-22-0072
Medically Needy Children under Age 18	1/1/2024	CA-22-0072
Medically Needy Reasonable Classifications of Individuals under Age 21	1/1/2024	CA-22-0072
Medically Needy Parents and Other Caretaker Relatives	1/1/2024	CA-22-0072
Medically Needy Populations Based on Age, Blindness or Disability	1/1/2024	CA-22-0072

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

### Package Header

<b>Package ID</b>	CA2023MS00020	<b>SPA ID</b>	CA-23-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/17/2023
<b>Approval Date</b>	07/14/2023	<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 Assembly Bill (AB) 133 (2021). AB 133 aims to eliminate the effective resource standard for all Non-Modified Adjusted Gross Income (Non-MAGI) based programs. As authorized in the Social Security Act Section 1902(a)(10)(C)(i), the resource standard would be eliminated for the Medically Needy programs. As authorized in 1902(r)(2), the resource standard would be eliminated for all other Non-MAGI based programs including the Medicare Savings Programs.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$83051649

#### Federal Statute / Regulation Citation

1902(r)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

### Package Header

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<b>Superseded SPA ID</b>	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

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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## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

CMS-10434 OMB 0938-1188

### Package Header

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<b>Approval Date</b> 07/14/2023	<b>Effective Date</b> <u>1/1/2024</u>
<b>Superseded SPA ID</b> CA-23-0009	
User-Entered	

### Mandatory Coverage









**A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:**

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package <span style="font-size: 0.8em;">?</span>	Included in Another Submission Package	Source Type <span style="font-size: 0.8em;">?</span>
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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 <span style="font-size: 0.8em;">?</span>	Included in Another Submission Package	Source Type <span style="font-size: 0.8em;">?</span>
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED



# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012


## Package Header

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<b>Superseded SPA ID</b>	CA-23-0009		
	User-Entered		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

### 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

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## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	CA-22-0072		
	System-Derived		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

## Package Header

**Package ID** CA2023MS00020  
**Submission Type** Official  
**Approval Date** 07/14/2023  
**Superseded SPA ID** CA-22-0072  
System-Derived

**SPA ID** CA-23-0012  
**Initial Submission Date** 5/17/2023  
**Effective Date** 1/1/2024

## B. Financial Methodologies

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

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

- Yes
- No

The less restrictive income methodologies are:

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:
Income used to pay spousal or child support	<p>Reference to Supplement 3 of Attachment 2.6. - A:</p> <p>The agency uses the same income disregards as used in SSI except as follows:</p> <p>Income which must, by court order or by agreement with a district attorney (DA), be used to pay spousal or child support is held to be unavailable to set the current needs of ABD-MN applicants and beneficiaries. In these cases the lower of 1) the amount ordered by the court or the DA agreement, or 2) the amount actually paid is deducted from the reported income.</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.</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. These exemptions shall apply to the</p>

Name of income type:	Description:
Kinship Guardianship Benefit Payments	<p>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 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.</p> <p>These coverage groups are: 1902(a)(10)(A)(ii), 1902(a)(10)(C)(i)(III), and 1905(p).</p>
Universal Guaranteed Income	Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs.

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

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

## D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

## E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## 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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## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

#### Package Header

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	System-Derived		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## B. Financial Methodologies

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

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

- Yes
- No

The less restrictive income methodologies are:

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:
Income used to pay spousal or child support	<p>Reference to Supplement 3 of Attachment 2.6. - A:</p> <p>The agency uses the same income disregards as used in SSI except as follows:</p> <p>Income which must, by court order or by agreement with a district attorney (DA), be used to pay spousal or child support is held to be unavailable to set the current needs of ABD-MN applicants and beneficiaries. In these cases the lower of 1) the amount ordered by the court or the DA agreement, or 2) the amount actually paid is deducted from the reported income.</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.</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. These exemptions shall apply to the</p>



Name of income type:	Description:
Kinship Guardianship Benefit Payments	<p>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 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.</p> <p>These coverage groups are: 1902(a)(10)(A)(ii), 1902(a)(10)(C)(i)(III), and 1905(p).</p>
Universal Guaranteed Income	Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs.

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

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

## D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

## E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

# Specified Low Income Medicare Beneficiaries

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## F. Additional Information (optional)

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# CA - Submission Package - CA2023MS00020 - (CA-23-0012) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

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The state covers the mandatory qualifying individuals group in accordance with the following provisions:

#### A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

# Qualifying Individuals

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## B. Financial Methodologies

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

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

- Yes
- No

The less restrictive income methodologies are:

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:
Income used to pay spousal or child support	Reference to Supplement 3 of Attachment 2.6. - A:  The agency uses the same income disregards as used in SSI except as follows:  Income which must, by court order or by agreement with a district attorney (DA), be used to pay spousal or child support is held to be unavailable to set the current needs of ABD-MN applicants and beneficiaries. In these cases the lower of 1) the amount ordered by the court or the DA agreement, or 2) the amount actually paid is deducted from the reported income.
In-home caregiver wages	As referenced in Supplement 8a of Attachment 2.6-A page 8:  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

Name of income type:	Description:
Kinship Guardianship Benefit Payments	<p>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 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.</p> <p>These coverage groups are: 1902(a)(10)(A)(ii), 1902(a)(10)(C)(i)(III), and 1905(p).</p>
Universal Guaranteed Income	Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs.

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

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

### Package Header

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### C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.



## Qualifying Individuals

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### F. Additional Information (optional)

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## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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### 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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Coverage					

### 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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input checked="" type="checkbox"/>	<input checked="" 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

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## 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

## Package Header

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## 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

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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

CMS-10434 OMB 0938-1188

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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

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## 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

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## 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) shall be exempt. These coverage groups are:  1902(a)(10)(A)(ii), 1902(a)(10)(C)(i)(III), and 1905(p).
In-home caregiver wages	As referenced in Supplement 8a of Attachment 2.6-A page 8:  In-home caregiver wages paid to a

Name of income type:	Description:
	<p>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>
Universal Guaranteed Income	Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs.

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 size of 3, as permitted by 42 CFR § 435.1007(c).</p>
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:

All resources are disregarded. No resource test is applied.

# Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## 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

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## F. Additional Information (optional)

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/17/2023
<b>Approval Date</b>	07/14/2023	<b>Effective Date</b>	<u>1/1/2024</u>
<b>Superseded SPA ID</b>	CA-22-0072		
	System-Derived		

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 | CA2023MS00020 | CA-23-0012

## Package Header

<b>Package ID</b>	CA2023MS00020	<b>SPA ID</b>	CA-23-0012
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	System-Derived		

## 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 | CA2023MS00020 | CA-23-0012

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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 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	<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)</p>

<b>Name of income type:</b>	<b>Description:</b>  (2):  • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
Universal Guaranteed Income	Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs.

The following less restrictive methodologies are used:

<b>Name of methodology:</b>	<b>Description:</b>
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 size of 3, as permitted by 42 CFR § 435.1007(c).</p>
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

Name of methodology:	Description: Medicare Part B premium.
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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:

- All resources are disregarded. No resource test is applied.

# Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

## Package Header

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## 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 | CA2023MS00020 | CA-23-0012

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### 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 | CA2023MS00020 | CA-23-0012

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## 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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# CA - Submission Package - CA2023MS00020 - (CA-23-0012) - Eligibility

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## Eligibility Groups - Options for Coverage

### Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

CMS-10434 OMB 0938-1188

### Package Header

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The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

### A. Characteristics

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

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
  - a. Step One - A comparison of family net income to 250% FPL; and
  - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

# Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

## Package Header

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## B. Step One Financial Methodologies and Income Test

### 1. Financial methodologies

a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

Yes

No

The less restrictive income methodologies are:

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:
Disability-based income disregard	<p>As referenced in Supplement 8a to Attachment 2.6 A, Page 5:</p> <p>For the working disabled covered under the provisions of Section 1902(a)(10)(A)(ii)(XIII) of the Act</p> <p>(1) As permitted under Section 1902 (r)(2); all disability income of the disabled individual is exempted (e.g. federal and state disability income and private disability income such as an indemnity payment from an insurance company based on the individual's disability).</p> <p>(2) As permitted under Section 1902(r)(2), social security disability income that converts to retirement income upon the retirement of the individual, including any increases in the amount of that income, shall be exempt.</p>
2009 SSI/SSP Payment Levels	<p>As referenced in Supplement 8a to Attachment 2.6-A Page 5a:</p> <p>Beginning on July 1, 2009, an amount of otherwise countable income equal to the difference between the applicable SSI/SSP payment level and the applicable SSI/SSP payment level in effect on June 30, 2009 shall be exempt until and unless the SSI/SSP payment levels increase to a point that is above the levels in effect on June 30, 2009. This exemption shall be</p>

Name of income type:	Description:
In-home Caregiver Wages	<p>applied to the following coverage groups: • 1902(a)(10)(A)(ii)(XIII)</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.</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. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</p>
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>
Universal Guaranteed Income	<p>Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs.</p>

## 2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

# Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

## Package Header

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## C. Step Two Financial Methodologies and Income/Resource Test

### 1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

Yes

No

The less restrictive income methodologies are:

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:
Disability-based income disregard	<p>As referenced in Supplement 8a to Attachment 2.6 A, Page 5:</p> <p>For the working disabled covered under the provisions of Section 1902(a)(10)(A)(ii)(XIII) of the Act</p> <p>(1) As permitted under Section 1902 (r)(2); all disability income of the disabled individual is exempted (e.g. federal and state disability income and private disability income such as an indemnity payment from an insurance company based on the individual's disability).</p> <p>(2) As permitted under Section 1902(r)(2), social security disability income that converts to retirement income upon the retirement of the individual, including any increases in the amount of that income, shall be exempt.</p>
2009 SSI/SSP Payment Levels	<p>As referenced in Supplement 8a to Attachment 2.6-A Page 5a:</p> <p>Beginning on July 1, 2009, an amount of otherwise countable income equal to the difference between the applicable SSI/SSP payment level and the applicable SSI/SSP payment level in effect on June 30, 2009 shall be exempt until and unless the SSI/SSP payment levels increase to a point that is above the levels in effect on June 30, 2009. This exemption shall be</p>

Name of income type:	Description:
In-home Caregiver Wages	<p>applied to the following coverage groups: • 1902(a)(10)(A)(ii)(XIII)</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.</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. These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</p>
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>
Universal Guaranteed Income	<p>Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs.</p>

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

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

### 2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- a. The SSI income standard.
- b. The income standard of the state supplement program.

### 3. Resource Test

The individual's resources must be less than the SSI resource standard.

## Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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### D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

## Work Incentives

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### E. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections as well as page 12d of Attachment 2.6-A of the state plan.

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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# CA - Submission Package - CA2023MS00020 - (CA-23-0012) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

CMS-10434 OMB 0938-1188

#### Package Header

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The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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**Effective Date** 1/1/2024

## B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes
- No

The less restrictive income methodologies are:

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:
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.</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. 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>
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</p>

Name of income type:	Description:
Universal Guaranteed Income	Assistance Payment Program - Enhanced) shall be exempt. These coverage groups are:  1902(a)(10)(A)(ii), 1902(a)(10)(C)(i) (III) , and 1905(p).  Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for ineligible family members	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.  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  *A household of 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).

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

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## 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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# CA - Submission Package - CA2023MS00020 - (CA-23-0012) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	CA2023MS00020	<b>SPA ID</b>	CA-23-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/17/2023
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	System-Derived		

The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

## Package Header

**Package ID** CA2023MS00020  
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**SPA ID** CA-23-0012  
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**Effective Date** 1/1/2024

## B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes
- No

The less restrictive income methodologies are:

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:
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.</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. 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>
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</p>

Name of income type:	Description:
Universal Guaranteed Income	Assistance Payment Program - Enhanced) shall be exempt. These coverage groups are:  1902(a)(10)(A)(ii), 1902(a)(10)(C)(i) (III) , and 1905(p).  Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for ineligible family members	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.  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  *A household of 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).

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

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.



# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

## Package Header

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## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

## Package Header

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## F. Additional Information (optional)

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

#### Package Header

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The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## B. Individuals Covered

The state covers the following populations:

- 1. All children under a specified age limit:
  - i. Under age 21
  - ii. Under age 20
  - iii. Under age 19
- 2. Reasonable classifications of children

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## C. Financial Methodologies

### 1. The state uses the same financial methodology for all individuals covered.

- Yes  
 No

### 2. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.  
 b. MAGI-like methodologies. 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:

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:
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.</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. 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>
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</p>

Name of income type:	Description:
Universal Guaranteed Income	<p>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> <p>Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs.</p>

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 size of 3, as permitted by 42 CFR § 435.1007(c).</p>

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

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.



# Medically Needy Reasonable Classifications of Individuals under Age 21

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## G. Additional Information (optional)

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## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

#### Package Header

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The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## B. Financial Methodologies

### 1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes
- No

The less restrictive income methodologies are:

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:
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.</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. 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>
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</p>

Name of income type:	Description:
Universal Guaranteed Income	Assistance Payment Program - Enhanced) shall be exempt. These coverage groups are:  1902(a)(10)(A)(ii), 1902(a)(10)(C)(i) (III) , and 1905(p).  Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Deductions for ineligible family members	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.  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  *A household of 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).

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

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

# Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

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## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

#### Package Header

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The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

#### A. Characteristics

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

- Meet at least one of the following:
  - Are age 65 or older;
  - Have blindness; or
  - Have a disability.
- Are not otherwise eligible for categorically needy coverage under the state plan.
- Have income at or below the medically needy income level and resources at or below the medically needy resource level.



# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00020 | CA-23-0012

## Package Header

<b>Package ID</b>	CA2023MS00020	<b>SPA ID</b>	CA-23-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	5/17/2023
<b>Approval Date</b>	07/14/2023	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	CA-22-0072		
	System-Derived		

## B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

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## C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

Yes

No

2. The financial methodology used is:

a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

Yes  No

The less restrictive income methodologies are:

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:
In-home caregiver wages	As referenced in Supplement 8a of Attachment 2.6-A page 8:  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

Name of income type:	Description:
	<p>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. 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>
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>
Universal Guaranteed Income	Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs
Income used to pay spousal or child support	<p>Reference to Supplement 3 of Attachment 2.6. - A:</p> <p>The agency uses the same income disregards as used in SSI except as follows:</p> <p>Income which must, by court order or by</p>

Name of income type:	Description:
	<p>agreement with a district attorney (DA), be used to pay spousal or child support is held to be unavailable to set the current needs of ABD-MN applicants and beneficiaries. In these cases the lower of 1) the amount ordered by the court or the DA agreement, or 2) the amount actually paid is deducted from the reported income.</p>

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 size of 3, as permitted by 42 CFR § 435.1007(c).</p>

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

Yes  No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

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## D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

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## E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

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## F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.



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## G. 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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