

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 25-0037**

This file contains the following documents in the order listed:

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

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#)

[Transaction Logs](#) [News](#) [Related Actions](#)

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

December 19, 2025

Tyler Sadwith  
State Medicaid Director  
California Department of Health Care Services  
1501 Capitol Avenue  
Sacramento, CA 95814

Re: Approval of State Plan Amendment CA-25-0037

Dear Tyler Sadwith,

On September 29, 2025, the Centers for Medicare & Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-25-0037, in which the state proposed to resume evaluating resources in the determinations of eligibility for its non-MAGI eligibility groups.

We approve California State Plan Amendment (SPA) CA-25-0037 with an effective date of January 01, 2026.

If you have any questions regarding this amendment, please contact Nikki Lemmon at [nicole.lemmon@cms.hhs.gov](mailto:nicole.lemmon@cms.hhs.gov).

Sincerely,

Wendy Hill Petras

Acting Director, Division of Program Operations

Center for Medicaid & CHIP Services

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#)

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

CMS-10434 OMB 0938-1188

### Package Header

**Package ID** CA2025MS0001O

**SPA ID** CA-25-0037

**Submission Type** Official

**Initial Submission Date** 9/29/2025

**Approval Date** 12/19/2025

**Effective Date** N/A

**Superseded SPA ID** N/A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 | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### SPA ID and Effective Date

SPA ID CA-25-0037

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2026	CA-23-0012
Qualified Medicare Beneficiaries	1/1/2026	CA-23-0012
Specified Low Income Medicare Beneficiaries	1/1/2026	CA-23-0012
Qualifying Individuals	1/1/2026	CA-23-0012
Optional Eligibility Groups	1/1/2026	CA-23-0012
Individuals Eligible for but Not Receiving Cash Assistance	1/1/2026	CA-23-0012
Age and Disability-Related Poverty Level	1/1/2026	CA-23-0012
Work Incentives	1/1/2026	CA-23-0012
Medically Needy Pregnant Women	1/1/2026	CA-23-0012
Medically Needy Children under Age 18	1/1/2026	CA-23-0012
Medically Needy Reasonable Classifications of Individuals under Age 21	1/1/2026	CA-23-0012
Medically Needy Parents and Other Caretaker Relatives	1/1/2026	CA-23-0012
Medically Needy Populations Based on Age, Blindness or Disability	1/1/2026	CA-23-0012

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** SPA 25-0037 proposes to implement Assembly Bill (AB) 116 (2025). AB 116 aims to reinstate a resource standard for Non-Modified Adjusted Gross Income (Non-MAGI) based programs. As authorized under Section 1902(a)(10)(C)(i) of the Social Security Act, the resource standard is reinstated for California's Medically Needy programs. As authorized under Section 1902(r)(2) of the Social Security Act, a resource standard, inclusive of resource disregard, is reinstated for all other Non-MAGI based programs

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	\$-132215000
Second	2027	\$-384523000

#### Federal Statute / Regulation Citation

1902(r)(2) of the Social Security Act

**Supporting documentation of budget impact is uploaded (optional).**

Name	Date Created
	No items available

No items available

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### Governor's Office Review

No comment

**Describe** The Governor's Office does not wish to review the State Plan Amendment.

Comments received

No response within 45 days

Other

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.

*This view was generated on 1/12/2026 2:08 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#)

## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

CMS-10434 OMB 0938-1188

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		System-Derived

### 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 <small>?</small>	Included in Another Submission Package	Source Type <small>?</small>
Infants and Children under Age 19				CONVERTED
Parents and Other Caretaker Relatives				CONVERTED
Pregnant Women				APPROVED
Deemed Newborns				NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care				NEW
Former Foster Care Children				APPROVED
Transitional Medical Assistance				NEW
Extended Medicaid due to Spousal Support Collections				NEW

#### Aged, Blind and Disabled

Eligibility Group Name	Covered In State Plan	Include RU In Package <small>?</small>	Included in Another Submission Package	Source Type <small>?</small>
SSI Beneficiaries				NEW
Closed Eligibility Groups				NEW
Individuals Deemed To Be Receiving SSI				NEW

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)				NEW
Qualified Medicare Beneficiaries				APPROVED
Qualified Disabled and Working Individuals				NEW
Specified Low Income Medicare Beneficiaries				APPROVED
Qualifying Individuals				APPROVED

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		

System-Derived

#### 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 <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Adult Group				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

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.

*This view was generated on 1/12/2026 2:11 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#)

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

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

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	<a href="#">1/1/2026</a>
Superseded SPA ID	CA-23-0012		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 | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		

System-Derived

## 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:

Reference to Supplement 3 of Attachment 2.6. - A:

The agency uses the same income disregards as used in SSI except as follows:

Income used to pay spousal or child support

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.

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.

In-home caregiver wages

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):

- 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

As referenced in Supplement 8a of Attachment 2.6-A page 9:

Kinship Guardianship Benefit Payments

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).

Name of income type:	Description:
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:

General resource disregard:

Name of disregard:	Description:
Assembly Bill 116 (2025) Resource Disregard	A resource disregard equal to the difference between the applicable resource standard for this coverage group and \$130,000 for a single individual and an additional \$65,000 per household member, up to a maximum of 10 household members.

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

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

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

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

A motor vehicle is disregarded under specific conditions.

Specified conditions:

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

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

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

A specified type of resource is disregarded:

**Name of resource type:**

**Description:**

As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:

Pursuant to court order in *Principe v. Belshe* (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,

- only when payment of those medical bills occurs in a later month, and
- verification of payment is provided.

Unpaid incurred medical bills

This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).

The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.

This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

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

As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:

Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.

Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.

Japanese Reparation Payments

Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.

These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

- (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)

SSI and AFDC differing methodologies

As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:

In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.

- The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.

Name of resource type:	Description:
Principal residence disregard	<p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> <li>• if a child under the age of 21 lives on the property, or</li> <li>• if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</li> <li>• if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or</li> <li>• if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.</li> </ul>
Bona fide, good faith effort to sell or liquidate	<p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul> <p>Full resource type name: Bona fide, good faith effort to sell or liquidate resource</p>
Restitution payments made to Holocaust victims	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p>
	<p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country.</p>

<p>Name of resource type:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation;</p> <p>(2) during any period before, during or after.</p>	<p>Description:</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:</p> <p>(1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</p> <p>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</p> <p>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</p> <p>(5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>In-home caregiver resource disregard</p>	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <p>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.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Precertified long-term care insurance policy...</p>	<p>Full resource type name: Precertified long-term care insurance policy or health care service plan contract</p> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> <li>• The family member is a regular employee of an organization which is providing the services; and</li> <li>• The organization receives the payment for the services; and</li> <li>• The family member receives no compensation other than the normal compensation for employees in his or her job category.</li> </ul>

Name of resource type:

Description:

The amount of the disregard is equal to the lesser of the following amounts:

- the amount of payments made for services by the insurance policy; or
- the actual charge for the services.

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

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

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

Universal Guaranteed Income

Disregard as resources income individuals receive from the California Guaranteed Income Pilot programs for 12 months following the month of receipt.

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

### 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 | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

### 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.

*This view was generated on 1/12/2026 2:12 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#)

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

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

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	<a href="#">1/1/2026</a>
Superseded SPA ID	CA-23-0012		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 | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		

System-Derived

## 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:

Reference to Supplement 3 of Attachment 2.6. - A:

The agency uses the same income disregards as used in SSI except as follows:

Income used to pay spousal or child support

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.

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.

In-home caregiver wages

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):

- 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

As referenced in Supplement 8a of Attachment 2.6-A page 9:

Kinship Guardianship Benefit Payments

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).

Name of income type:	Description:
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:

General resource disregard:

Name of disregard:	Description:
Assembly Bill 116 (2025) Resource Disregard	A resource disregard equal to the difference between the applicable resource standard for this coverage group and \$130,000 for a single individual and an additional \$65,000 per household member, up to a maximum of 10 household members.

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

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

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

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

A motor vehicle is disregarded under specific conditions.

Specified conditions:

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

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

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

A specified type of resource is disregarded:

**Name of resource type:**

**Description:**

Full resource type name: Bona fide, good faith effort to sell or liquidate resource

As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:

The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.

The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

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

Restitution payments made to Holocaust victims

As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:

Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.

A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:

- (1) on the basis of race, religion, physical or mental disability, or sexual orientation;
- (2) during any period before, during or after.

An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:

(1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermogensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;

(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;

(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or

(5) as interest, payable as part of any payment or distribution

<p>Name of resource type:</p>	<p><b>Description:</b> described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>In-home caregiver resource disregard</p>	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> <li>1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and</li> <li>2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</li> </ol> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(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>Precertified long-term care insurance policy...</p>	<p>Full resource type name: Precertified long-term care insurance policy or health care service plan contract</p> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> <li>• The family member is a regular employee of an organization which is providing the services; and</li> <li>• The organization receives the payment for the services; and</li> <li>• The family member receives no compensation other than the normal compensation for employees in his or her job category.</li> </ul> <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> <li>• the amount of payments made for services by the insurance policy; or</li> <li>• the actual charge for the services.</li> </ul> <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p>
<p>Universal Guaranteed Income</p>	<p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <ul style="list-style-type: none"> <li>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</li> <li>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902 (a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or</li> <li>C. Who are Qualified Medicare Beneficiaries [1905(p)].</li> </ul>
<p>Unpaid incurred medical bills</p>	<p>Disregard as resources income individuals receive from the California Guaranteed Income Pilot programs for 12 months following the month of receipt.</p> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would</p>

<p><b>Name of resource type:</b></p> <p>be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> <li>• only when payment of those medical bills occurs in a later month, and</li> <li>• verification of payment is provided.</li> </ul>	<p><b>Description:</b></p> <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p>
<p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p>
<p>Japanese Reparation Payments</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> <li>• The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.</li> </ul> <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>SSI and AFDC differing methodologies</p> <p>Principal residence disregard</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p>

Name of resource type:

Description:

- if a child under the age of 21 lives on the property, or
- if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),
- if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or
- if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.

The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

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

## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

### 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

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

**Package ID** CA2025MS0001O

**SPA ID** CA-25-0037

**Submission Type** Official

**Initial Submission Date** 9/29/2025

**Approval Date** 12/19/2025

**Effective Date** 1/1/2026

**Superseded SPA ID** CA-23-0012

System-Derived

### 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.

*This view was generated on 1/12/2026 2:13 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#)

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

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.

CMS-10434 OMB 0938-1188

#### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	<a href="#">1/1/2026</a>
Superseded SPA ID	CA-23-0012		System-Derived

**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

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		

System-Derived

## 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:

Reference to Supplement 3 of Attachment 2.6. - A:

The agency uses the same income disregards as used in SSI except as follows:

Income used to pay spousal or child support

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.

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.

In-home caregiver wages

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):

- 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

As referenced in Supplement 8a of Attachment 2.6-A page 9:

Kinship Guardianship Benefit Payments

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).

Name of income type:	Description:
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:

General resource disregard:

Name of disregard:	Description:
Assembly Bill 116 (2025) Resource Disregard	A resource disregard equal to the difference between the applicable resource standard for this coverage group and \$130,000 for a single individual and an additional \$65,000 per household member, up to a maximum of 10 household members.

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

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

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

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

A motor vehicle is disregarded under specific conditions.

Specified conditions:

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

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

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

A specified type of resource is disregarded:

Name of resource type:	Description:
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in <i>Principe v. Belshe</i> (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"><li>• only when payment of those medical bills occurs in a later month, and</li><li>• verification of payment is provided.</li></ul> <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"><li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li></ul>
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p>
SSI and AFDC differing methodologies	<p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"><li>• (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)</li></ul> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"><li>• The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.</li></ul>

Name of resource type:	Description:
Principal residence disregard	<p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> <li>• if a child under the age of 21 lives on the property, or</li> <li>• if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</li> <li>• if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or</li> <li>• if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.</li> </ul>
Bona fide, good faith effort to sell or liquidate	<p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul> <p>Full resource type name: Bona fide, good faith effort to sell or liquidate resource</p>
Restitution payments made to Holocaust victims	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p>
	<p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country.</p>

<p>Name of resource type:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation;</p> <p>(2) during any period before, during or after.</p>	<p>Description:</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:</p> <p>(1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</p> <p>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</p> <p>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</p> <p>(5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>In-home caregiver resource disregard</p>	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <p>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.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Precertified long-term care insurance policy...</p>	<p>Full resource type name: Precertified long-term care insurance policy or health care service plan contract</p> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> <li>• The family member is a regular employee of an organization which is providing the services; and</li> <li>• The organization receives the payment for the services; and</li> <li>• The family member receives no compensation other than the normal compensation for employees in his or her job category.</li> </ul>

Name of resource type:

Description:

The amount of the disregard is equal to the lesser of the following amounts:

- the amount of payments made for services by the insurance policy; or
- the actual charge for the services.

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

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

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

Universal Guaranteed Income

Disregard as resources income individuals receive from the California Guaranteed Income Pilot programs for 12 months following the month of receipt.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		

System-Derived

### 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

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

**Package ID** CA2025MS0001O

**SPA ID** CA-25-0037

**Submission Type** Official

**Initial Submission Date** 9/29/2025

**Approval Date** 12/19/2025

**Effective Date** 1/1/2026

**Superseded SPA ID** CA-23-0012

System-Derived

### 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.

*This view was generated on 1/12/2026 2:15 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

CMS-10434 OMB 0938-1188

### Package Header

Package ID CA2025MS0001O

SPA ID CA-25-0037

Submission Type Official

Initial Submission Date 9/29/2025

Approval Date 12/19/2025

Effective Date 1/1/2026

Superseded SPA ID CA-23-0012

System-Derived

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

 Yes  No

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

#### Families and Adults

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

## Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
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

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		System-Derived

## 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 | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		

System-Derived

### 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

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.

*This view was generated on 1/12/2026 2:16 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Approval Letter   Transaction Logs   News   **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

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

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

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

CMS-10434 OMB 0938-1188

#### Package Header

**Package ID** CA2025MS0001O

**SPA ID** CA-25-0037

**Submission Type** Official

**Initial Submission Date** 9/29/2025

**Approval Date** 12/19/2025

**Effective Date** 1/1/2026

**Superseded SPA ID** CA-23-0012

System-Derived

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

#### A. Characteristics

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

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

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

2. Do not receive cash assistance under these programs.

# Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012	System-Derived	

## B. Individuals Covered

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

Yes

No

2. The state covers the following populations:

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

# Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		System-Derived

System-Derived

## 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 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):  • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)

Name of income type:	Description:
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:

General resource disregard:

Name of disregard:	Description:
Assembly Bill 116 (2025) Resource Disregard	A resource disregard equal to the difference between the applicable resource standard for this coverage group and \$130,000 for a single individual and an additional \$65,000 per household member, up to a maximum of 10 household members.

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

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

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

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

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

A motor vehicle is disregarded under specific conditions.

Specified conditions:

**Description:**

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

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

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

A specified type of resource is disregarded:

Name of resource type:	Description:
Restitution payments made to Holocaust victims	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation;</p> <p>(2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:</p> <p>(1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</p> <p>(3) as a payment or restitution provided by law, or by a fund,</p>

<p><b>Name of resource type:</b></p>	<p><b>Description:</b></p> <p>established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</p> <p>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</p> <p>(5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>In-home caregiver resource disregard</p>	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> <li>1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and</li> <li>2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</li> </ol> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(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>Precertified long-term care insurance policy or health care service plan contract</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> <li>• The family member is a regular employee of an organization which is providing the services; and</li> <li>• The organization receives the payment for the services; and</li> <li>• The family member receives no compensation other than the normal compensation for employees in his or her job category.</li> </ul> <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> <li>• the amount of payments made for services by the insurance policy; or</li> <li>• the actual charge for the services.</li> </ul>
	<p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <ul style="list-style-type: none"> <li>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</li> <li>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902 (a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment, or</li> <li>C. Who are Qualified Medicare Beneficiaries [1905(p)].</li> </ul>

Name of resource type:	Description:
Resources exempted under 1902(a)(10)(A)(ii)(XIII)	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)</li> </ul>
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> <li>• only when payment of those medical bills occurs in a later month, and</li> <li>• verification of payment is provided.</li> </ul> <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either</p>

<b>Name of resource type:</b>	<b>Description:</b> the SSI program or the AFDC program. <ul style="list-style-type: none"> <li>• The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.</li> </ul> <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Principal residence disregard	As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9: <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> <li>• if a child under the age of 21 lives on the property, or</li> <li>• if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</li> <li>• if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or</li> <li>• if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.</li> </ul> <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Bona fide, good faith effort to sell or liquidate resource	As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10: <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Universal Guaranteed Income	Disregard as resources income individuals receive from the California Guaranteed Income Pilot programs for 12 months following the month of receipt.
Independence Accounts	Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:

Name of resource type:

Description:

- Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).

## Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

### D. Income Standard Used

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

### E. Resource Standard Used

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

## Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

**Package ID** CA2025MS0001O

**SPA ID** CA-25-0037

**Submission Type** Official

**Initial Submission Date** 9/29/2025

**Approval Date** 12/19/2025

**Effective Date** 1/1/2026

**Superseded SPA ID** CA-23-0012

System-Derived

### 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.

*This view was generated on 1/12/2026 2:17 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Approval Letter   Transaction Logs   News   **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

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

**Package ID** CA2025MS0001O

**SPA ID** CA-25-0037

**Submission Type** Official

**Initial Submission Date** 9/29/2025

**Approval Date** 12/19/2025

**Effective Date** 1/1/2026

**Superseded SPA ID** CA-23-0012

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 | CA2025MS0001O | CA-25-0037

### Package Header

**Package ID** CA2025MS0001O

**SPA ID** CA-25-0037

**Submission Type** Official

**Initial Submission Date** 9/29/2025

**Approval Date** 12/19/2025

**Effective Date** 1/1/2026

**Superseded SPA ID** CA-23-0012

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 | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		

System-Derived

## C. Financial Methodologies

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

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. 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>
Universal Guaranteed Income	<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>
Medicare Part B Disregard	<p>For the Section 1902 (a)(10)(A)(ii)(I) and (X) eligibility groups, disregard from an individual's income the amount of such individual's incurred Medicare Part B premium.</p>

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

Yes  
 No

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

Yes  
 No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Assembly Bill 116 (2025) Resource Disregard	A resource disregard equal to the difference between the applicable resource standard for this coverage group and \$130,000 for a single individual and an additional \$65,000 per household member, up to a maximum of 10 household members.

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

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

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related funds is allowed for</p>

Name of methodology:	Description:
	<p>all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

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

A motor vehicle is disregarded under specific conditions.

Specified conditions:

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

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

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

A specified type of resource is disregarded:

Name of resource type:	Description:
Restitution payments made to Holocaust victims	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation; (2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim: (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any</p>

<p><b>Name of resource type:</b></p> <p>bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</p> <p>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</p> <p>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</p> <p>(5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>	<p><b>Description:</b></p>
<p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <p>1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and</p> <p>2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>In-home caregiver resource disregard</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</li> </ul>	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <p>1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and</p> <p>2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance</p>

Name of resource type:	Description:
	<p>policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p>
	<p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> <li>• The family member is a regular employee of an organization which is providing the services; and</li> <li>• The organization receives the payment for the services; and</li> <li>• The family member receives no compensation other than the normal compensation for employees in his or her job category.</li> </ul>
	<p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> <li>• the amount of payments made for services by the insurance policy; or</li> <li>• the actual charge for the services.</li> </ul>
	<p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p>
	<p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <ul style="list-style-type: none"> <li>A. Medically Needy [1902(a)(10)(C)(i) (III)], or</li> <li>B. Optional Categorically Needy [1902(a)(10)(A)(iii)], except those who are included in Section 1902 (a)(10)(A) (ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10) (A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or</li> <li>C. Who are Qualified Medicare Beneficiaries [1905(p)].</li> </ul>
Resources exempted under 1902(a)(10) (A)(ii)(XIII)	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii) (XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p>These exemptions shall apply to the following coverage groups referenced</p>

<p><b>Name of resource type:</b></p> <p>in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)</li> </ul>	<p><b>Description:</b></p> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> <li>• only when payment of those medical bills occurs in a later month, and</li> <li>• verification of payment is provided.</li> </ul> <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Unpaid incurred medical bills</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section</p>

<p><b>Name of resource type:</b></p> <p>1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>	<p><b>Description:</b></p> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p>
<p>SSI and AFDC differing methodologies</p>	<ul style="list-style-type: none"> <li>• The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.</li> </ul> <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Principal residence disregard</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> <li>• if a child under the age of 21 lives on the property, or</li> <li>• if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</li> <li>• if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or</li> <li>• if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to</li> </ul>

<p><b>Name of resource type:</b></p> <p>Bona fide, good faith effort to sell or liquidate resource</p>	<p><b>Description:</b></p> <p>the county.</p> <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>Bona fide, good faith effort to sell or liquidate resource</p>	<p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Universal Guaranteed Income</p>	<p>Disregard as resources income individuals receive from the California Guaranteed Income Pilot programs for 12 months following the month of receipt.</p>
<p>Independence Accounts</p>	<p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> <li>• Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).</li> </ul>

## Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

**Package ID** CA2025MS0001O

**SPA ID** CA-25-0037

**Submission Type** Official

**Initial Submission Date** 9/29/2025

**Approval Date** 12/19/2025

**Effective Date** 1/1/2026

**Superseded SPA ID** CA-23-0012

System-Derived

### 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 | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		

System-Derived

### 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 | CA2025MS0001O | CA-25-0037

### Package Header

**Package ID** CA2025MS0001O

**SPA ID** CA-25-0037

**Submission Type** Official

**Initial Submission Date** 9/29/2025

**Approval Date** 12/19/2025

**Effective Date** 1/1/2026

**Superseded SPA ID** CA-23-0012

System-Derived

### 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.

*This view was generated on 1/12/2026 2:18 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Approval Letter   Transaction Logs   News   **Related Actions**

## Eligibility Groups - Options for Coverage

### Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

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

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012 System-Derived		

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 | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		System-Derived

## 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 applied to the following coverage groups:</p> <ul style="list-style-type: none"><li>• 1902(a)(10)(A)(ii)(XIII)</li></ul>
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</p>

Name of income type:	Description:
Kinship Guardianship Benefit Payments	<p>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. 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.

## 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 | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		System-Derived

### 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 applied to the following coverage groups: • 1902(a)(10)(A)(ii)(XIII)</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 following coverage groups</p>

Name of income type:	Description: referenced in the Social Security Act at Section 1902(r)(2): • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
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).
Universal Guaranteed Income	Disregard the amount of income individuals receive from the California Guaranteed Income Pilot programs.

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

Yes  
 No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Assembly Bill 116 (2025) Resource Disregard	A resource disregard equal to the difference between the applicable resource standard for this coverage group and \$130,000 for a single individual and an additional \$65,000 per household member, up to a maximum of 10 household members.

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

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

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

<b>Name of methodology:</b>	<b>Description:</b>
	1902(r)(2):
	(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)

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

A motor vehicle is disregarded under specific conditions.

Specified conditions:

**Description:**

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

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

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

A specified type of resource is disregarded:

<b>Name of resource type:</b>	<b>Description:</b>
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> <li>• The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.</li> </ul> <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> <li>• if a child under the age of 21 lives on the property, or</li> <li>• if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</li> <li>• if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or</li> <li>• if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.</li> </ul> <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p>

Name of resource type:	Description:
Bona fide, good faith effort to sell or liquidate resource	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Restitution payments made to Holocaust victims	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <ul style="list-style-type: none"> <li>(1) on the basis of race, religion, physical or mental disability, or sexual orientation;</li> <li>(2) during any period before, during or after.</li> </ul> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:</p> <ul style="list-style-type: none"> <li>(1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen);</li> <li>(2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</li> <li>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</li> <li>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</li> <li>(5) as interest, payable as part of any payment or distribution described in the paragraph.</li> </ul>
Independence Accounts	<p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul> <p>Exclude the value of all retirement accounts while the account owner is receiving coverage under section 1902(a)(10)(A)(ii)(XIII) of the Act.</p>

Name of resource type:	Description:
	<p>For individuals enrolled in the eligibility category described at section 1902(a)(10)(A)(ii)(XIII) of the Act, the following resource methodology applies:</p> <ul style="list-style-type: none"> <li>• A resource disregard will apply to an account established by the beneficiary after and during the individual's enrollment in the category. The individual shall designate the account to the state Medicaid agency as his or her Independence Account.</li> <li>• These accounts will be held separately from non-exempt resources in accounts for which prior approval has been obtained from the Department.</li> <li>• There is no minimum or maximum limit to establish the account.</li> <li>• There is no minimum or maximum limit that can be deposited to the existing account</li> </ul>
In-home caregiver resource disregard	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <ol style="list-style-type: none"> <li>1) The caregiver is being paid for providing the in-home care to his/her spouse or minor child living in the home, and</li> <li>2) The spouse or minor child is receiving those in-home services through any federal, state or local government program.</li> </ol> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Precertified long-term care insurance policy or health care service plan contract	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> <li>• The family member is a regular employee of an organization which is providing the services; and</li> <li>• The organization receives the payment for the services; and</li> <li>• The family member receives no compensation other than the normal compensation for employees in his or her job category.</li> </ul> <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> <li>• the amount of payments made for services by the insurance policy; or</li> <li>• the actual charge for the services.</li> </ul> <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <ul style="list-style-type: none"> <li>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</li> <li>B. Optional Categorically Needy [1902(a)(10)(A)(ii)]. except those who are included in Section 1902 (a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental</li> </ul>

Name of resource type:	Description:
	Payment. or
	C. Who are Qualified Medicare Beneficiaries [1905(p)].
Separately identified account	As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:
	All retained earned income of a disabled individual that is held in a separately identified account and that is not commingled with any other resources shall be exempt from consideration as resources as permitted by Section 1902(r)(2).
Unpaid incurred medical bills	As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:
	Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,
	• only when payment of those medical bills occurs in a later month, and
	• verification of payment is provided.
	This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).
	The requirements listed above would have to be met before
	eligibility is granted for the month throughout which the excess
	resources existed.
	This disregard would apply only to individuals who have excess
	resources for the entire month but who are otherwise eligible in
	that month under California's State Plan and who are also a
	member of one of the following coverage groups referenced in the
	Social Security Act at Section 1902(r)(2):
	• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
	As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:
	Japanese Reparation payments made by the Canadian government
	shall be exempt from consideration in determining eligibility for
	Medi-Cal.
	Japanese Reparation payments, whether made by the United States
	or Canadian governments shall be exempt if received by the
	spouse or inherited from the spouse who was the original recipient,
	or both.
	Where Japanese Reparation payments, whether made by the
	United States or Canadian governments, are converted to another
	form, amounts of otherwise excess, nonexempt resources
	sufficient to ensure that the amount of the exemption equals the
	amount of the reparation payments received by the individual or
	inherited by the spouse of the individual, or both, shall not be
	considered as resources in determining eligibility for Medi-Cal.
	These exemptions shall apply to the following coverage groups
	referenced in the Social Security Act at Section 1902(r)(2):
	• (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) •
	(a)(10)(A)(ii)(XVII) • (a)(10)(C)(i)(III) • 1905(p)
	Disregard as resources income individuals receive from the
	California Guaranteed Income Pilot programs for 12 months
	following the month of receipt.

## 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 | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

### 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

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

### 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.

*This view was generated on 1/12/2026 2:18 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Approval Letter   Transaction Logs   News   **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

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

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	<u>1/1/2026</u>
Superseded SPA ID	CA-23-0012		System-Derived

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 | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		System-Derived

## 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	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.
Kinship Guardianship Benefit Payments	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):  • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
Universal Guaranteed Income	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).

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

<b>Name of methodology:</b> <input type="text"/>	<b>Description:</b> 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:

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

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

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

A motor vehicle is disregarded under specific conditions.

Specified conditions:

**Description:**

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

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

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

A specified type of resource is disregarded:

Name of resource type:	Description:
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"><li>• only when payment of those medical bills occurs in a later month, and</li><li>• verification of payment is provided.</li></ul> <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"><li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li></ul>
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"><li>• (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)</li></ul>
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p>

<p><b>Name of resource type:</b></p>	<p><b>Description:</b></p> <ul style="list-style-type: none"> <li>• The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.</li> </ul> <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Principal residence disregard</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> <li>• if a child under the age of 21 lives on the property, or</li> <li>• if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</li> <li>• if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or</li> <li>• if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.</li> </ul> <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Bona fide, good faith effort to sell or liquidate resource</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p>
	<p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Universal Guaranteed Income</p>	<p>Disregard as resources income individuals receive from the California Guaranteed Income Pilot programs for 12 months following the month of receipt.</p>
<p>Independence Accounts</p>	<p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> <li>• Actions involving the accounts are subject to standard eligibility</li> </ul>

Name of resource type:	Description:
Restitution payments made to Holocaust victims	<p>rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).</p> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation;</p> <p>(2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:</p> <p>(1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermogensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</p> <p>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</p> <p>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</p> <p>(5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
In-home caregiver resource disregard	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <p>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.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Precertified long-term care insurance policy or health care service plan contract	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p>

Name of resource type:

Description:

Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:

- The family member is a regular employee of an organization which is providing the services; and
- The organization receives the payment for the services; and
- The family member receives no compensation other than the normal compensation for employees in his or her job category.

The amount of the disregard is equal to the lesser of the following amounts:

- the amount of payments made for services by the insurance policy; or
- the actual charge for the services.

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

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

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

Resources exempted under 1902(a)(10)(A)(ii)(XIII)

As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.

These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

- 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)

## Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		

System-Derived

### 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 | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

### 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.

*This view was generated on 1/12/2026 2:19 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Approval Letter   Transaction Logs   News   **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

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

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	<u>1/1/2026</u>
Superseded SPA ID	CA-23-0012		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 | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		System-Derived

## 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)</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	<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</p>

<b>Name of methodology:</b> <input type="text"/>	<b>Description:</b> 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:

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

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

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

A motor vehicle is disregarded under specific conditions.  
 Specified conditions:

**Description:**

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

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

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

A specified type of resource is disregarded:

Name of resource type:	Description:
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"><li>• only when payment of those medical bills occurs in a later month, and</li><li>• verification of payment is provided.</li></ul> <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"><li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li></ul>
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"><li>• (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)</li></ul>
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"><li>• The general rules contained in the paragraph above shall apply to</li></ul>

Name of resource type:	Description:  determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.  The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):  • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> <li>• if a child under the age of 21 lives on the property, or</li> <li>• if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</li> <li>• if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or</li> <li>• if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.</li> </ul> <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Bona fide, good faith effort to sell or liquidate resource	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Universal Guaranteed Income	<p>Disregard as resources income individuals receive from the California Guaranteed Income Pilot programs for 12 months following the month of receipt.</p>
Independence Accounts	<p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> <li>• Actions involving the accounts are subject to standard eligibility</li> </ul>

Name of resource type:	Description:
Restitution payments made to Holocaust victims	<p>rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).</p>
In-home caregiver resource disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation;</p> <p>(2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:</p> <p>(1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermogensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</p> <p>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</p> <p>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</p> <p>(5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Precertified long-term care insurance policy or health care service plan contract	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <p>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.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</li> </ul>
	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p>

Name of resource type:

Description:

Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:

- The family member is a regular employee of an organization which is providing the services; and
- The organization receives the payment for the services; and
- The family member receives no compensation other than the normal compensation for employees in his or her job category.

The amount of the disregard is equal to the lesser of the following amounts:

- the amount of payments made for services by the insurance policy; or
- the actual charge for the services.

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

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

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

Resources exempted under 1902(a)(10)(A)(ii)(XIII)

As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.

These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

- 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		

System-Derived

### 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 | CA2025MS0001O | CA-25-0037

### Package Header

**Package ID** CA2025MS0001O

**SPA ID** CA-25-0037

**Submission Type** Official

**Initial Submission Date** 9/29/2025

**Approval Date** 12/19/2025

**Effective Date** 1/1/2026

**Superseded SPA ID** CA-23-0012

System-Derived

### F. Additional Information (optional)

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

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.

*This view was generated on 1/12/2026 2:20 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Approval Letter   Transaction Logs   News   **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

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

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

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

CMS-10434 OMB 0938-1188

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	<u>1/1/2026</u>
Superseded SPA ID	CA-23-0012		System-Derived

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 | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

## 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 | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		System-Derived

## 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	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 following coverage groups referenced in the Social Security Act at Section 1902(r)(2):  • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
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).
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>

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

Yes  
 No

The less restrictive resource methodologies are:

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

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

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

A motor vehicle is disregarded under specific conditions.

Specified conditions:

**Description:**

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

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

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

A specified type of resource is disregarded:

Name of resource type:	Description:
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"><li>• only when payment of those medical bills occurs in a later month, and</li><li>• verification of payment is provided.</li></ul> <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"><li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li></ul>
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"><li>• (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)</li></ul>
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the</p>

<p><b>Name of resource type:</b></p>	<p><b>Description:</b> State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> <li>• The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.</li> </ul> <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Principal residence disregard</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> <li>• if a child under the age of 21 lives on the property, or</li> <li>• if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</li> <li>• if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or</li> <li>• if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.</li> </ul> <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Bona fide, good faith effort to sell or liquidate resource</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Universal Guaranteed Income</p>	<p>Disregard as resources income individuals receive from the California Guaranteed Income Pilot programs for 12 months following the month of receipt.</p>
<p>Independence Accounts</p>	<p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility</p>

Name of resource type:	Description: determination, subject to the limitation identified below:  • Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).
Restitution payments made to Holocaust victims	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation; (2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:</p> <p>(1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermogensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</p> <p>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</p> <p>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</p> <p>(5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</p>
In-home caregiver resource disregard	Supplement 8b to Attachment 2.6A, Page 13
In-home caregiver resource disregard	<p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <p>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.</p> <p>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>
Precertified long-term care insurance policy or health care service plan contract	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a</p>

<p><b>Name of resource type:</b></p> <p>precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p>	<p><b>Description:</b></p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> <li>• The family member is a regular employee of an organization which is providing the services; and</li> <li>• The organization receives the payment for the services; and</li> <li>• The family member receives no compensation other than the normal compensation for employees in his or her job category.</li> </ul> <p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> <li>• the amount of payments made for services by the insurance policy; or</li> <li>• the actual charge for the services.</li> </ul> <p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <ul style="list-style-type: none"> <li>A. Medically Needy [1902(a)(10)(C)(i)(II)], or</li> <li>B. Optional Categorically Needy [1902(a)(10)(A)(ii)], except those who are included in Section 1902 (a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment, or</li> <li>C. Who are Qualified Medicare Beneficiaries [1905(p)].</li> </ul>
<p>Resources exempted under 1902(a)(10)(A)(ii)(XII)</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)</li> </ul>

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012 System-Derived		

## 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

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

## 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.

*This view was generated on 1/12/2026 2:21 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

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

CMS-10434 OMB 0938-1188

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	<u>1/1/2026</u>
Superseded SPA ID	CA-23-0012		

System-Derived

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 | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		System-Derived

## 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 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>

- 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</p>

**Name of methodology:****Description:**

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:

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

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

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

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

A motor vehicle is disregarded under specific conditions.

Specified conditions:

**Description:**

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

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

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

A specified type of resource is disregarded:

Name of resource type:	Description:
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> <li>• only when payment of those medical bills occurs in a later month, and</li> <li>• verification of payment is provided.</li> </ul> <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
SSI and AFDC differing methodologies	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> <li>• The general rules contained in the paragraph above shall apply to</li> </ul>

Name of resource type:	Description:  determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.  The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):  • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
Principal residence disregard	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> <li>• if a child under the age of 21 lives on the property, or</li> <li>• if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</li> <li>• if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or</li> <li>• if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.</li> </ul> <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Bona fide, good faith effort to sell or liquidate resource	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Universal Guaranteed Income	<p>Disregard as resources income individuals receive from the California Guaranteed Income Pilot programs for 12 months following the month of receipt.</p>
Independence Accounts	<p>Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below:</p> <ul style="list-style-type: none"> <li>• Actions involving the accounts are subject to standard eligibility</li> </ul>

Name of resource type:	Description:
Restitution payments made to Holocaust victims	<p>rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).</p> <p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:</p> <p>Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.</p> <p>A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:</p> <p>(1) on the basis of race, religion, physical or mental disability, or sexual orientation;</p> <p>(2) during any period before, during or after.</p> <p>An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim:</p> <p>(1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermogensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries;</p> <p>(3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action;</p> <p>(4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or</p> <p>(5) as interest, payable as part of any payment or distribution described in the paragraph.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
In-home caregiver resource disregard	<p>Supplement 8b to Attachment 2.6A, Page 13</p> <p>In-home caregiver wages paid to a household member shall be exempt when both of the following conditions are met:</p> <p>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.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Precertified long-term care insurance policy or health care service plan contract	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p>

Name of resource type:

Description:

Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:

- The family member is a regular employee of an organization which is providing the services; and
- The organization receives the payment for the services; and
- The family member receives no compensation other than the normal compensation for employees in his or her job category.

The amount of the disregard is equal to the lesser of the following amounts:

- the amount of payments made for services by the insurance policy; or
- the actual charge for the services.

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

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

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

Resources exempted under 1902(a)(10)(A)(ii)(XIII)

As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14: All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.

These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):

- 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)

# Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		

System-Derived

## 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 | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

## 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.

*This view was generated on 1/12/2026 2:22 PM EST*

# CA - Submission Package - CA2025MS0001O - (CA-25-0037) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Approval Letter   Transaction Logs   News   **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

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

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

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

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	<u>1/1/2026</u>
Superseded SPA ID	CA-23-0012		System-Derived

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:

1. Meet at least one of the following:
  - a. Are age 65 or older;
  - b. Have blindness; or
  - c. Have a disability.
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 Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

## Package Header

**Package ID** CA2025MS0001O

**SPA ID** CA-25-0037

**Submission Type** Official

**Initial Submission Date** 9/29/2025

**Approval Date** 12/19/2025

**Effective Date** 1/1/2026

**Superseded SPA ID** CA-23-0012

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

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

## Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		System-Derived

## 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 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):  • 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)
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).
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	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

Name of income type:	Description:
	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.

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:

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

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

Name of methodology:	Description:
Burial Funds	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-a, Page 2:</p> <p>All of the following shall be disregarded in determining eligibility in their entirety and shall not be applied against a single \$1500 limit:</p> <p>(1) All of the following burial related funds:</p> <p>(a) The first \$1500 paid for clearly designated burial funds such as burial insurance policies with cash surrender values, revocable burial trusts, revocable burial contracts, or other revocable burial arrangements.</p> <p>(b) Irrevocable burial trusts or irrevocable burial contracts, or other irrevocable burial arrangements.</p> <p>(c) Burial insurance policies without cash surrender values.</p> <p>(2) Life insurance policies on the life of any individual in the family shall be exempt if the combined face value of all of the policies on the insured individual is \$1500 or less.</p> <p>(3) All dividends and interest that accrue to and are not removed from the burial fund or policy described in (1) or (2).</p> <p>The disregard of life insurance policies and burial related</p>

Name of methodology:	Description:
	<p>funds is allowed for all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <p>(a)(10)(A)(ii), (a)(10)(C)(i)(III), and 1905(p)</p>

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

A motor vehicle is disregarded under specific conditions.

Specified conditions:

**Description:**

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

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

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

A specified type of resource is disregarded:

Name of resource type:	Description:
Unpaid incurred medical bills	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 5:</p> <p>Pursuant to court order in Principe v. Belshe (Sacramento County Superior Court Case No. 96CSOO115), a resource disregard would be allowed equal to the amount of incurred medical bills that are unpaid in the month where there are excess resources for the entire month,</p> <ul style="list-style-type: none"> <li>• only when payment of those medical bills occurs in a later month, and</li> <li>• verification of payment is provided.</li> </ul> <p>This disregard would be allowed no earlier than the month of application (may not be one of the three months prior to the month of application).</p> <p>The requirements listed above would have to be met before eligibility is granted for the month throughout which the excess resources existed.</p> <p>This disregard would apply only to individuals who have excess resources for the entire month but who are otherwise eligible in that month under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
Japanese Reparation Payments	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 6:</p> <p>Japanese Reparation payments made by the Canadian government shall be exempt from consideration in determining eligibility for Medi-Cal.</p> <p>Japanese Reparation payments, whether made by the United States or Canadian governments shall be exempt if received by the spouse or inherited from the spouse who was the original recipient, or both.</p> <p>Where Japanese Reparation payments, whether made by the United States or Canadian governments, are converted to another form, amounts of otherwise excess, nonexempt resources sufficient to ensure that the amount of the exemption equals the amount of the reparation payments received by the individual or inherited by the spouse of the individual, or both, shall not be</p>

<p><b>Name of resource type:</b></p> <p>SSI and AFDC differing methodologies</p>	<p><b>Description:</b></p> <p>considered as resources in determining eligibility for Medi-Cal.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii)(I) • (a)(10)(A)(ii)(VI) • (a)(10)(A)(ii)(X) • (a)(10)(A)(ii)(XIII) • (a)(10)(A)(ii)(XVIII) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>SSI and AFDC differing methodologies</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 8:</p> <p>In considering all of the various items of resources where the SSI program and the AFDC program have differing methodologies, the State shall follow the methodology of the least restrictive of either the SSI program or the AFDC program.</p> <ul style="list-style-type: none"> <li>• The general rules contained in the paragraph above shall apply to determine the resource methodologies employed in consideration of all resource items unless a more specific methodology for a specific resource item is otherwise set forth and included in the State plan.</li> </ul> <p>The above paragraphs apply to the resources of all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Principal residence disregard</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 9:</p> <p>The principal residence shall not be considered as a resource if any of the following circumstances exist (this is in addition to the reasons specified by the SSI program and the AFDC program):</p> <ul style="list-style-type: none"> <li>• if a child under the age of 21 lives on the property, or</li> <li>• if a dependent relative lives on the property, (for this purpose only, a disabled child age 21 or over shall be considered a dependent relative),</li> <li>• if a sibling or child age 21 or over of the applicant or beneficiary has continuously resided on the property for at least one year immediately prior to the date the applicant or beneficiary entered a skilled nursing facility or intermediate care facility and continues to reside there, or</li> <li>• if the property cannot be readily converted to cash but a bona fide effort is being made to sell the property. A bona fide effort to sell means that the property is listed for sale with a licensed real estate broker for its fair market value established by a qualified real estate appraiser, a good faith effort is being made to sell the property, offers at fair market value are accepted, and the applicant or beneficiary has supplied proof of compliance with these conditions to the county.</li> </ul> <p>The above paragraphs apply to all applicants and recipients who are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)</li> </ul>
<p>Bona fide, good faith effort to sell or liquidate resource</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 10:</p> <p>The value of resources shall be disregarded when there is a bona fide, good faith effort being made to sell or liquidate the resource. The value of the resource shall be disregarded for as long as the bona fide good faith effort to sell or liquidate continues to be made. This methodology is essentially the same as the methodology applied to resources being sold or liquidated in the eligibility determinations of the SSI and AFDC program, however, since there is no conditional eligibility in the Medicaid program, the applicant/beneficiary shall not be required to sign, as a condition of eligibility, a statement agreeing to make repayment upon the sale of the property.</p> <p>The above paragraph applies to all applicants and recipients who</p>

Name of resource type:	Description: are otherwise eligible under California's State Plan and who are also a member of one of the following coverage groups referenced in the Social Security Act at Section 1902(r)(2): • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
Universal Guaranteed Income	Disregard as resources income individuals receive from the California Guaranteed Income Pilot programs for 12 months following the month of receipt.
Independence Accounts	Independence Accounts established under the Work Incentives program shall be disregarded in the resource eligibility determination, subject to the limitation identified below: • Actions involving the accounts are subject to standard eligibility rules relating to resources (e.g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).
Restitution payments made to Holocaust victims	As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 12 and 13:  Excludable restitution payments made to a holocaust victim or his or her heirs or beneficiaries shall be considered an exempt resource for the purpose of determining eligibility to receive Medi-Cal benefits or the amounts of those benefits.  A "holocaust victim" is a person who was persecuted by Nazi Germany, any other Axis regime, or any other Nazi controlled or Nazi-allied country:  (1) on the basis of race, religion, physical or mental disability, or sexual orientation; (2) during any period before, during or after.  An "excludable restitution payment" is any payment or distribution, recovered or returned asset or property, received directly by a holocaust victim or heirs or beneficiaries of a holocaust victim: (1) as compensation pursuant to the German Act Regulating Unresolved Property Claims, as amended (Gesetz zur Regelung offener Vermögensfragen); (2) as a result of a settlement of claims against any entity or individual for any recovered asset. A "recovered asset" is any asset of any type, including any bank deposits, insurance proceeds, artwork, or interest earned on any of these assets, owned by a holocaust victim, withheld from that holocaust victim or his or her heirs or beneficiaries and recovered, returned or otherwise compensated to the holocaust victim or his or her heirs or beneficiaries; (3) as a payment or restitution provided by law, or by a fund, established by any foreign country, the United States of America, or any other foreign or domestic entity, or as a result of a final resolution of a legal action; (4) as a direct or indirect return of, or compensation or reparation for, assets stolen or hidden from, or otherwise lost to, the individual before, during or immediately after World War II, including any insurance proceeds under policies issued on the individual by European insurance companies immediately before and during World War II; or (5) as interest, payable as part of any payment or distribution described in the paragraph.
In-home caregiver resource disregard	These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2): • (a)(10)(A)(ii) • (a)(10)(C)(i)(III) • 1905(p)
In-home caregiver resource disregard	Supplement 8b to Attachment 2.6A, Page 13  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><b>Name of resource type:</b></p> <p>Payments made by the California Department of Social Services to an in-home care recipient for the purpose of purchasing in-home care services, including restaurant meals, shall be exempt.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii) • 1902(a)(10)(C)(i)(III) • 1905(p)</li> </ul>	<p><b>Description:</b></p>
<p>Precertified long-term care insurance policy or health care service plan contract</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1:</p> <p>A resource disregard is given to an individual who has purchased a precertified long-term care insurance policy or health care service plan contract which covers long-term care and has used such policy or plan to pay for services.</p> <p>Services which the individual receives and are paid for by the precertified long-term care insurance policy or health care service plan contract, which covers long-term care, must not be delivered by a member of the individual's family, unless:</p> <ul style="list-style-type: none"> <li>• The family member is a regular employee of an organization which is providing the services; and</li> <li>• The organization receives the payment for the services; and</li> <li>• The family member receives no compensation other than the normal compensation for employees in his or her job category.</li> </ul>
<p>Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a deceased individual for payment of costs for care and services received by the individual during his or her lifetime.</p> <p>The disregard of resources is allowed for aged, blind and disabled individuals who are otherwise eligible and:</p> <ul style="list-style-type: none"> <li>A. Medically Needy [1902(a)(10)(C)(i)(III)], or</li> <li>B. Optional Categorically Needy [1902(a)(10)(A)(ii)]. except those who are included in Section 1902 (a)(10)(A)(ii)(VIII), 1902(a)(10)(A)(ii)(XI) and 1902(a)(10)(A)(ii)(IV) who are receiving Supplemental Security Income Payments under Title XVI or a State Supplemental Payment. or</li> <li>C. Who are Qualified Medicare Beneficiaries [1905(p)].</li> </ul>	<p>The amount of the disregard is equal to the lesser of the following amounts:</p> <ul style="list-style-type: none"> <li>• the amount of payments made for services by the insurance policy; or</li> <li>• the actual charge for the services.</li> </ul>
<p>Resources exempted under 1902(a)(10)(A)(ii)(XIII)</p>	<p>As referenced in SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 14:</p> <p>All resources exempted from consideration as resources for individuals in the optional coverage group under section 1902(a)(10)(A)(ii)(XIII) of the Act on the basis that they are employer or individual retirement arrangements authorized under the Internal Revenue Code shall continue to be exempt from consideration as resources in all other coverage groups subject to the provisions of 1902(r)(2) under which the individual later becomes eligible for medical assistance where the basis for that eligibility is the individual's age, blindness, or disability.</p> <p>These exemptions shall apply to the following coverage groups referenced in the Social Security Act at Section 1902(r)(2):</p> <ul style="list-style-type: none"> <li>• 1902(a)(10)(A)(ii)(I) • 1902(a)(10)(A)(ii)(X) • 1902(a)(10)(C)(i)</li> </ul>

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

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

### D. Income Standard Used

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

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

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

### E. Resource Standard Used

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

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

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

### 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 Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | CA2025MS0001O | CA-25-0037

### Package Header

Package ID	CA2025MS0001O	SPA ID	CA-25-0037
Submission Type	Official	Initial Submission Date	9/29/2025
Approval Date	12/19/2025	Effective Date	1/1/2026
Superseded SPA ID	CA-23-0012		
	System-Derived		

### 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.

*This view was generated on 1/12/2026 2:22 PM EST*