Revis	ion: !	HCFA-PM-91- 4 NUGUST 1991	(BPD)	SUPPLEMENT 2 TO ATTACHMENT Page 6 OMB No.: 0938-	2.6-A
		STATE PLAN UND	ER TITLE XIX OF	THE SOCIAL SECURITY ACT	
	Si	tate:	CALIFORNIA		
4	. Aged	and Disabled I	ndividuals		
			esource levels.		
PAGE NOT APPLICABLE	<u></u>				
	<i></i> ′			els and are as follows:	
		<u>Family Size</u>	Resource	<u>revel</u>	
		1			
		3			
		4			
		5			
			ally needy resou ly needy program	rce levels (applicable only	if Stat

TN No. 92-19
Supersedes 9-06
TN No. 92-19
Approval Date JUN 24 1994
HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ____CALIFORNIA

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

Except those specified below under the provisions of section 1902(f) of the Act.

Family Size	Resource Level
_ 1	\$ 2,000
2	3,000
	3,150
4	3,300
5	3,450
6	3,600
7	3,750
8	3,900
9	4,050
 _10_and_above	4,200

TN No. 92-/9 Supersedes	Approval Date	JUN 24 1994	Effective D	Date JAN 01 1993
TN No.			uces to	10 0 EB

HCFA ID: 7985E