§ 435.2

PRESUMPTIVE ELIGIBILITY FOR CHILDREN

435.1101 Definitions related to presumptive eligibility for children.

435.1102 General rules.

AUTHORITY: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

SOURCE: 43 FR 45204, Sept. 29, 1978, unless otherwise noted.

Subpart A—General Provisions and Definitions

§ 435.2 Purpose and applicability.

This part sets forth, for the 50 States, the District of Columbia, the Northern Mariana Islands, and American Samoa—
(a) The eligibility provisions that a State plan must contain;
(b) The mandatory and optional groups of individuals to whom Medicaid is provided under a State plan;
(c) The eligibility requirements and procedures that the Medicaid agency must use in determining and redetermining eligibility, and requirements it may not use;
(d) The availability of FFP for providing Medicaid and for administering the eligibility provisions of the plan; and
(e) Other requirements concerning eligibility determinations, such as use of an institutionalized individual’s income for the cost of care.

§ 435.3 Basis.

(a) This part implements the following sections of the Act and public laws that mandate eligibility requirements and standards:

402(a)(22) Eligibility of deemed recipients of AFDC who receive zero payments because of recoupment of overpayments.
402(a)(37) Eligibility of individuals who lose AFDC eligibility due to increased earnings.
414(g) Eligibility of certain individuals participating in work supplementation programs.
473(b) Eligibility of children in foster care and adopted children who are deemed AFDC recipients.
1619(b) Benefits for blind individuals or those with disabling impairments whose income equals or exceeds a specific SSI limit.
1634(b) Preservation of benefit status for disabled widows and widowers who lost SSI benefits because of 1983 changes in actuarial reduction formula.
1634(d) Individuals who lose eligibility for SSI benefits due to entitlement to early widow’s or widower’s social security disability benefits under section 202(e) or (f) of the Act.
1902(a)(8) Opportunity to apply; assistance must be furnished promptly.
1902(a)(10) Required and optional groups.
1902(a)(12) Determination of blindness.
1902(a)(17) Standards for determining eligibility; flexibility in the application of income eligibility standards.
1902(a)(19) Safeguards for simplicity of administration and best interests of recipients.
1902(a)(34) Three-month retroactive eligibility.
1902(a) (second paragraph after (47)) Eligibility despite increased monthly insurance benefits under title I.
1902(a)(55) Mandatory use of outstation locations other than welfare offices to receive and initially process applications of certain low-income pregnant women, infants, and children under age 19.
1902(b) Prohibited conditions for eligibility: Age requirement of more that 65 years; State residence requirements excluding individuals who reside in the state; and Citizenship requirement excluding United States citizens.
1902(e) Four-month continued eligibility for families ineligible because of increased hours or income from employment.
1902(e)(2) Minimum eligibility period for recipient enrolled in an HMO.
1902(e)(3) Optional coverage of certain disabled children being cared for at home.
1902(e)(4) Eligibility of newborn children of Medicaid eligible women.
1902(e)(5) Eligibility of pregnant woman for extended coverage for specified postpartum period after pregnancy ends.
1902(f) State option to restrict Medicaid eligibility for aged, blind, or disabled individuals to those who would have been eligible under State plan in effect in January 1972.
1902(j) Medicaid program in American Samoa.
1903(f) Income limitations for medically needy and individuals covered by State supplement eligibility requirements.
1903(v) Payment for emergency services under Medicaid provided to aliens.
1905(a) (clause following (21)) Prohibitions against providing Medicaid to certain institutionalized individuals.
1905(a)(2) Definition of essential person.
1905(a)(ii)-(vii) List of eligible individuals.
1905(d)(2) Definition of resident of an intermediate care facility for the mentally retarded.
\textbf{Centers for Medicare & Medicaid Services, HHS}  
\textbf{§ 435.4} Definitions and use of terms.  

As used in this part—  

\begin{itemize}  
  \item \textbf{AABD} means aid to the aged, blind, and disabled under title XVI of the Act;  
  \item \textbf{AB} means aid to the blind under title X of the Act;  
  \item \textbf{AFDC} means aid to families with dependent children under title IV-A of the Act;  
  \item \textbf{APTD} means aid to the permanently and totally disabled under title XIV of the Act;  
  \item \textbf{Categorically needy} refers to families and children, aged, blind, or disabled individuals, and pregnant women, described under subparts B and C of this part who are eligible for Medicaid. Subpart B of this part describes the mandatory eligibility groups who, generally, are receiving or deemed to be receiving cash assistance under the Act. These mandatory groups are specified in sections 1902(a)(10)(A)(i), 1902(e), 1902(f), and 1928 of the Act. Subpart C of this part describes the optional eligibility groups of individuals who, generally, meet the categorical requirements or income or resource requirements that are the same as or less restrictive than those of the cash assistance programs and who are not receiving cash payments. These optional groups are specified in sections 1902(a)(10)(A)(ii), 1902(e), and 1902(f) of the Act.  
  \item \textbf{Families and children} refers to eligible members of families with children who are financially eligible under AFDC or medically needy rules and who are deprived of parental support or care but are financially eligible under AFDC rules or medically needy rules (see optional coverage group, § 435.222). It does not include individuals under age 21 whose eligibility for Medicaid is based on blindness or disability—for these individuals, SSI rules govern;  
  \item \textbf{Mandatory State supplement} means a cash payment a State is required to make under section 212, Pub. L. 93-66 (July 9, 1973) to an aged, blind, or disabled individual. Its purpose is to provide an individual with the same amount of cash assistance he was receiving under OAA, AB, APTD, or