§ 436.1

Assignment of rights to benefits.

Subpart H [Reserved]

Subpart I—Financial Requirements for the Medically Needy

Subpart J—Eligibility in Guam, Puerto Rico, and the Virgin Islands

Subpart K—Federal Financial Participation (FFP)

§ 436.2 Basis.

This part implements the following sections of the Act and public laws that state requirements and standards for eligibility:

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.
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 II.
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:
1902(c) Age requirements for eligibility: Age requirements of more than 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 recipients enrolled in HMO.
1902(e)(3) Optional coverage of certain disabled children at home.
1902(e)(4) Eligibility of newborn children of Medicaid-eligible women.
1902(e)(5) Eligibility of pregnant women for extended coverage for a specified period after pregnancy ends.
1902(v) Payment for emergency services under Medicaid provided to aliens.
1905(a)(i)-(viii) List of eligible individuals.
1905(a)(2) Minimum eligibility period for recipients enrolled in HMO.
1905(a)(3) Optional coverage of certain disabled children at home.
1905(a)(5) Eligibility of pregnant women for extended coverage for a specified period after pregnancy ends.
1905(v) Payment for emergency services under Medicaid provided to aliens.
1905(a)(i)-(viii) List of eligible individuals.
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1905(a)(i)-(viii) List of eligible individuals.
1905(a)(2) Minimum eligibility period for recipients enrolled in HMO.
1905(a)(3) Optional coverage of certain disabled children at home.
1905(a)(5) Eligibility of pregnant women for extended coverage for a specified period after pregnancy ends.
1905(v) Payment for emergency services under Medicaid provided to aliens.

§ 436.3 Definitions and use of terms.

As used in this part—

AAABD means aid to the aged, blind, and disabled under title XVI of the Act;

AB means aid to the blind under title X of the Act;

AFDC means aid to families with dependent children under title IV-A of the Act;

APTD means aid to the permanently and totally disabled under title XIV of the Act;

Categorically needy refers to families and children, aged, blind or disabled individuals, and pregnant women listed under subparts B and C of this part who are eligible for Medicaid.

Subpart C of this part describes the optional eligibility groups who, generally, meet the categorical requirements that are the same as or less restrictive than those of the cash assistance programs but are not receiving cash payments. These optional groups are specified in sections 1902(a)(10)(A)(ii) and 1902(e) of the Act.

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 as defined under the AFDC program (see 45 CFR 233.90; 233.100). In addition, this group includes individuals under age 21.

Centers for Medicare & Medicaid Services, HHS

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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 as defined under the AFDC program (see 45 CFR 233.90; 233.100). In addition, this group includes individuals under age 21.

1902(a)(17) Standards for determining eligibility; flexibility in the application of income eligibility standards.