Centers for Medicare & Medicaid Services, HHS

§ 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 beneficiaries 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 beneficiaries.

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)(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 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(a)(34) Three-month retroactive eligibility.

1902(a)(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: Age requirement 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.

§ 435.4 Definitions and use of terms.

As used in this part—

**AABD** 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, 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.

**1902(e)(2)** Minimum eligibility period for beneficiary 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.  


(b) This part implements the following other provisions of the Act or public laws that establish additional State plan requirements:

**1618** Requirement for operation of certain State supplementation programs.

**Pub. L. 93–66, section 212(a)** Required mandatory minimum State supplementation of SSI benefits programs.