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)(6) 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 beneficiaries.

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: Age requirement of more than 65 years; State residence requirements excluding individuals who reside in the state; and Citizenship requirement excluding United States citizens.
§ 435.4 Definitions and use of terms.

As used in this part—

(A) "AABD" means aid to the aged, blind, and disabled under title XVI of the Act;

(B) "AB" means aid to the blind under title X of the Act;

(C) "Affordable Care Act" means the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111–148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152), as amended by the Three Percent Withholding Repeal and Job Creation Act (Pub. L. 112–56);

(D) "Affordable Insurance Exchanges (Exchanges)" has the meaning given the term in 45 CFR 155.20;

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

(F) "APTC" has the meaning given the term in 45 CFR 155.20;

(G) "Applicable modified adjusted gross income (MAGI) standard" has the meaning provided in §435.911(b)(1) of this part;

(H) "Applicant" means an individual who is seeking an eligibility determination;