§ 436.1 Medically Needy Income Standard

436.811 Medically needy income standard: General requirements.
436.814 Medically needy income standard: State plan requirements.

§ 436.814 Medically needy income standard: State plan requirements.

§ 436.831 Income eligibility.

§ 436.832 Post-eligibility treatment of income of institutionalized individuals: Application of patient income to the cost of care.

§ 436.840 Medically needy resource standard: General requirements.

§ 436.843 Medically needy resource standard: State plan requirements.

§ 436.845 Medically needy resource eligibility.

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

§ 436.900 Scope.

§ 436.901 General requirements.

§ 436.909 Automatic entitlement to Medicaid following a determination of eligibility under other programs.

Subpart K—Federal Financial Participation (FFP)

§ 436.1000 Scope.

§ 436.1001 FFP for administration.

§ 436.1002 FFP for services.

§ 436.1003 Beneficiaries overcoming certain conditions of eligibility.

§ 436.1004 FFP in expenditures for medical assistance for individuals who have declared United States citizenship or nationality under section 1137(d) of the Act and with respect to whom the State has not documented citizenship and identity.

§ 436.1005 Institutionalized individuals.

§ 436.1006 Definitions relating to institutional status.

Subpart L—Option for Coverage of Special Groups

§ 436.1100 Basis and scope.

§ 436.1101 Definitions related to presumptive eligibility for children.

§ 436.1102 General rules.

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

SOURCE: 43 FR 45218, Sept. 29, 1978, unless otherwise noted.

Subpart A—General Provisions and Definitions

§ 436.1 Purpose and applicability.

This part sets forth, for Guam, Puerto Rico, and the Virgin Islands—
(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 a Medicaid agency must use in determining and redetermining eligibility, and requirements it may not use; and
(d) The availability of FFP for providing Medicaid and for administering the eligibility provisions of the plan.


§ 436.2 Basis.

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

422(a)(22) Eligibility of deemed beneficiaries of AFDC who receive zero payments because of recoupment of overpayments.

422(a)(37) Eligibility of individuals who lose AFDC eligibility due to increased earnings.

473(b) Eligibility of children in foster care and adopted children who are deemed AFDC beneficiaries.

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 beneficiaries.

1902(a)(34) Three-month retroactive eligibility.

1902(a) (second paragraph after (47)) Eligibility despite increased monthly insurance benefits under title II.