§ 436.800 Scope.
This subpart prescribes financial requirements for determining the eligibility of medically needy individuals under subpart D of this part.

MEDICALLY NEEDY INCOME STANDARD

§ 436.811 Medically needy income standard: General requirements.
(a) To determine eligibility of medically needy individuals, the agency must use a single income standard for all covered medically needy groups that meets the requirements of this section.
(b) The income standard must take into account the number of persons in the assistance unit. The standard may not diminish by the number of persons in the unit (for example, if the income level in the standard for an assistance unit of two is set at $400, the income level in the standard for an assistance unit of three may not be less than $400).
(c) The income standard must be set at an amount that is no lower than the lowest income standard used on or after January 1, 1966, to determine eligibility under the cash assistance programs that are related to the State's covered medically needy group or groups of individuals under § 436.301.
(d) The income standard may vary based on the variations between shelter costs in urban areas and rural areas.

[55 FR 4938, Jan. 19, 1993]

§ 436.814 Medically needy income standard: State plan requirements.
The State plan must specify the income standard for the covered medically needy groups.

[58 FR 4938, Jan. 19, 1993]

MEDICALLY NEEDY INCOME ELIGIBILITY AND LIABILITY FOR PAYMENT OF MEDICAL EXPENSES

§ 436.831 Income eligibility.
The agency must determine income eligibility of medically needy individuals in accordance with this section.
(a) Budget periods. (1) The agency must use budget periods of not more than 6 months to compute income. The agency may use more than one budget period.
(2) The agency must include in the budget period in which income is computed all or part of the 3-month retroactive period specified in § 435.914. The budget period can begin no earlier than the first month in the retroactive period in which the individual received covered services.
(3) If the agency elects to begin the first budget period for the medically needy in any month of the 3-month period prior to the date of application in which the applicant received covered services, this election applies to all medically needy groups.
(b) Determining countable income. The agency must, to determine countable income, deduct amounts that would be deducted in determining eligibility...