subpart, who would be receiving AFDC cash benefits on the basis of the unemploy-
ment of the principal wage earner under section 407 of the Act had the State
not chosen to place time limits on those benefits as permitted under section

(b) State plan requirement. The State plan must provide that the State makes
Medicaid available to any individual who meets the definition of
“qualified family member” as specified in paragraph (a) of this section.

(c) Applicability. The provisions in this section are applicable from Octo-
[58 FR 48614, Sept. 17, 1993]

§ 436.124 Newborn children.

(a) The agency must provide Medicaid eligibility to a child born to a
woman who has applied for, has been
found eligible and is receiving
Medicaid on the date of the child's birth. The child is deemed to have
applied and been found eligible for Med-
icaid on the date of birth and remains
eligible for one year so long as the
woman remains (or would remain if preg-
nant) eligible and the child is a
member of the woman’s household.

This provision applies in instances
where the labor and delivery services
were furnished prior to the date of ap-
lication and covered by Medicaid based
on retroactive eligibility.

(b) The agency must provide Med-
icaid eligibility in the same manner de-
scribed in paragraph (a) of this section
to a child born to an otherwise-eligible
qualified alien woman subject to the 5-
year bar so long as the woman has filed
a complete Medicaid application, in-
cluding but not limited to meeting resi-
dency, income and resource re-
quirements, has been determined eligi-
bile, is receiving Medicaid on the date
of the child’s birth, and remains (or
would remain if pregnant) Medicaid eli-
gible. All standard Medicaid applica-
tion procedures apply, including timely
determination of eligibility and ade-
quate notice of the agency’s decision
concerning eligibility. A 5-year bar
qualified alien receiving emergency
medical services only under § 435.139 of
this chapter is considered to be Med-
icaid-eligible and receiving Medicaid
for purposes of this provision. With re-
spect to whether the mother remains
(or would remain if pregnant) eligible
for Medicaid after the birth of the
child, the State must determine wheth-
er a 5-year bar qualified alien would re-
main eligible for emergency services
under § 435.139 of this chapter. In deter-
mining whether the woman would re-
main eligible for these services, the
State must consider whether the
woman would remain eligible if preg-
nant. This provision applies in in-
stances where the labor and delivery
services were furnished prior to the
date of application and covered by
Medicaid based on retroactive eligi-
bility.

(c) The agency must provide Med-
icaid eligibility in the same manner de-
scribed in paragraph (a) of this section
to a child born to an otherwise-eligible
non-qualified alien woman so long as
the woman has filed a complete Med-
icaid application (other than providing
a social security number or demon-
strating immigration status), includ-
ing but not limited to meeting resi-
dency, income and resource re-
quirements, has been determined eligible, is
receiving Medicaid on the date of the

§ 436.122 Pregnant women eligible for
extended coverage.

(a) The Medicaid agency must pro-
vide categorically needy Medicaid eli-
gibility for an extended period fol-
lowing termination of pregnancy to
women who, while pregnant, applied
for, were eligible for, and received Med-
icaid services on the day that their
pregnancy ends. This period extends
from the last day of pregnancy through
the end of the month in which a 60-day
period, beginning on the last day of the
pregnancy, ends. Eligibility must be
provided, regardless of changes in the
woman’s financial circumstances that
may occur within this extended period.
These pregnant women are eligible for
the extended period for all services
under the plan that are pregnancy-re-
lated (as defined in § 440.210(c)(1) of this
subchapter).

(b) The provisions of paragraph (a) of
this section apply to Medicaid fur-
nished on or after April 7, 1986.
[55 FR 48610, Nov. 21, 1990]
§ 436.128 Coverage for certain qualified aliens.

The agency must provide the services necessary for the treatment of an emergency medical condition as defined in § 440.255(c) of this chapter to those aliens described in § 436.406(c) of this subpart.

[52 FR 36820, Sept. 7, 1990]

Subpart C—Options for Coverage as Categorically Needy

§ 436.200 Scope.

This subpart specifies options for coverage of individuals as categorically needy.

§ 436.201 Individuals included in optional groups.

(a) The agency may choose to cover as optional categorically needy any group or groups of the following individuals who are not receiving cash assistance and who meet the appropriate eligibility criteria for groups specified in the separate sections of this subpart:

(1) Aged individuals (65 years of age or older);
(2) Blind individuals (as defined in § 436.530);
(3) Disabled individuals (as defined in § 436.541);
(4) Individuals under age 21 (or, at State option), under age 20, 19, or 18) or reasonable classifications of these individuals;
(5) Specified relatives under section 406(b)(1) of the Act who have in their care an individual who is determined to be dependent) as specified in § 436.510;
(6) Pregnant women; and
(7) Essential spouses specified under § 436.230.

(b) If the agency provides Medicaid to any individual in an optional group specified in paragraph (a) of this section, the agency must provide Medicaid to all individuals who apply and are found eligible to be members of that group.

[58 FR 4934, Jan. 19, 1993]

OPTIONS FOR COVERAGE OF FAMILIES AND CHILDREN AND AGED, BLIND, AND DISABLED INDIVIDUALS, INCLUDING PREGNANT WOMEN

§ 436.210 Individuals who meet the income and resource requirements of the cash assistance programs.

The agency may provide Medicaid to any group or groups of individuals specified under § 436.201(a)(1), (a)(2), (a)(3), (a)(5), and (a)(6) who are not mandatory categorically needy and who meet the income and resource requirements of the appropriate cash assistance program for their status (that is, OAA, AFDC, AB, APTD, or AABD).

[58 FR 4935, Jan. 19, 1993]

§ 436.211 Individuals who would be eligible for cash assistance if they were not in medical institutions.

The agency may provide Medicaid to any group or groups of individuals who meet the income and resource requirements of the appropriate cash assistance program for their status (that is, OAA, AFDC, AB, APTD, or AABD).