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42 CFR Ch. IV (10–1–14 Edition)

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:
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.
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)(31) Three-month retroactive eligibility.
1902(a) (second paragraph after (47)) Eligibility despite increased monthly insurance benefits under title II.

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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 requirements 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(e)(2) Minimum eligibility period for beneficiaries enrolled in HMO.

1902(e)(3) Optional coverage of certain disabled children at home.

1902(e)(4) Eligibility of newborn children of Medicaid-eligible women.

1902(e)(5) Eligibility of pregnant women for extended coverage for a specified period after pregnancy ends.

1903(v) Payment for emergency services under Medicaid provided to aliens.

1905(a) (1)-(viii) List of eligible individuals.

1905(a) (clause following (21)) Prohibitions against providing Medicaid to certain institutionalized individuals.

1905(a) (second sentence) Definition of essential person.

1905(b)(2) Definition of resident of an intermediate care facility for individuals with intellectual disabilities.

1905(n) Definition of qualified pregnant woman and child.

1912(a) Conditions of eligibility.

1915(c) Home and community based services.

1915(d) Home and community-based services for individuals age 65 or older.

412(e)(5) of Immigration and Nationality Act-Eligibility of certain refugees.


§ 436.3 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 listed 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) and 1902(e) of the Act. Subpart C of this part describes the optional eligibility groups of individuals who, generally, meet the categorical requirements that are the same as or less restrictive than those of the cash assistance programs but are not receiving cash payments. These optional groups are specified in sections 1902(a)(10)(A)(ii) and 1902(e) of the Act.

Families and children refers to eligible members of families with children who are financially eligible under AFDC or medically needy rules and who are deprived of parental support or care but who are not receiving cash payments. These optional coverage group, § 436.222;

Medically needy means families, children, aged, blind, or disabled individuals, and pregnant women listed in subpart D of this part who are not listed in subparts B and C of this part as