Centers for Medicare & Medicaid Services, HHS  
§ 436.230  
Essential spouses of aged, blind, or disabled individuals receiving cash assistance.  

The agency may provide Medicaid to the spouse of an individual receiving OAA, AB, APTD, or AABD, if—  
(a) The spouse is living with the individual receiving cash assistance; and  
(b) The cash assistance agency has determined that the spouse is essential to the well-being of the individual and

(i) Were eligible for Medicaid under the State plan before the adoption agreement was entered into; or  
(ii) Would have been eligible for Medicaid before the adoption agreement was entered into, if the eligibility standards and methodologies of the foster care program were used without employing the threshold title IV-A eligibility determination.  

(b) For adoption assistance agreements entered into before April 7, 1986—  
(1) The agency must deem the requirements of paragraph (a)(1) and (2) of this section to be met if the State adoption assistance agency determines that—  
(i) At the time of the adoption placement, the child had special needs for medical or rehabilitative care that made the child difficult to place; and  
(ii) There is in effect an adoption assistance agreement between the State and the adoptive parent(s).  
(2) The agency must deem the requirements of paragraph (a)(3) of this section to be met if the child was found by the State to be eligible for Medicaid before the adoption assistance agreement was entered into.  

[55 FR 46610, Nov. 21, 1990]  

§ 436.229  
Optional targeted low-income children.  

The agency may provide Medicaid to—  
(a) All individuals under age 19 who are optional targeted low-income children as defined in §436.3; or  
(b) Reasonable categories of these individuals.  

[66 FR 2668, Jan. 11, 2001]  

OPTIONS FOR COVERAGE OF THE AGED, BLIND, AND DISABLED  
§ 436.224  
Individuals under age 21 who are under State adoption assistance agreements.  

(a) The agency may provide Medicaid to individuals under the age of 21 (or, at State option, age 20, 19, or 18)—  
(1) For whom an adoption agreement (other than an agreement under title IV-E) between the State and adoptive parent(s) is in effect;  
(2) Who, the State agency responsible for adoption assistance has determined, cannot be placed with adoptive parents without Medicaid because the child has special needs for medical or rehabilitative care; and  
(3) Who meet either of the following:  

(i) Were eligible for Medicaid under the State plan before the adoption agreement was entered into; or  
(ii) Would have been eligible for Medicaid before the adoption agreement was entered into, if the eligibility standards and methodologies of the foster care program were used without employing the threshold title IV-A eligibility determination.  

(b) For adoption assistance agreements entered into before April 7, 1986—  
(1) The agency must deem the requirements of paragraph (a)(1) and (2) of this section to be met if the State adoption assistance agency determines that—  
(i) At the time of the adoption placement, the child had special needs for medical or rehabilitative care that made the child difficult to place; and  
(ii) There is in effect an adoption assistance agreement between the State and the adoptive parent(s).  
(2) The agency must deem the requirements of paragraph (a)(3) of this section to be met if the child was found by the State to be eligible for Medicaid before the adoption assistance agreement was entered into.  

[55 FR 46610, Nov. 21, 1990]  

§ 436.230  
Essential spouses of aged, blind, or disabled individuals receiving cash assistance.  

The agency may provide Medicaid to the spouse of an individual receiving OAA, AB, APTD, or AABD, if—  
(a) The spouse is living with the individual receiving cash assistance; and  
(b) The cash assistance agency has determined that the spouse is essential to the well-being of the individual and

(i) Were eligible for Medicaid under the State plan before the adoption agreement was entered into; or  
(ii) Would have been eligible for Medicaid before the adoption agreement was entered into, if the eligibility standards and methodologies of the foster care program were used without employing the threshold title IV-A eligibility determination.  

(b) For adoption assistance agreements entered into before April 7, 1986—  
(1) The agency must deem the requirements of paragraph (a)(1) and (2) of this section to be met if the State adoption assistance agency determines that—  
(i) At the time of the adoption placement, the child had special needs for medical or rehabilitative care that made the child difficult to place; and  
(ii) There is in effect an adoption assistance agreement between the State and the adoptive parent(s).  
(2) The agency must deem the requirements of paragraph (a)(3) of this section to be met if the child was found by the State to be eligible for Medicaid before the adoption assistance agreement was entered into.  

[55 FR 46610, Nov. 21, 1990]
has considered the spouse’s needs in determining the amount of cash assistance provided to the individual.

**Subpart D—Optional Coverage of the Medically Needy**

§ 436.300 Scope.

This subpart specifies the option for coverage of medically needy individuals.

§ 436.301 General rules.

(a) A Medicaid agency may provide Medicaid to individuals specified in this subpart who:

(1) Either:

(i) Have income that meets the standard in § 436.811; or

(ii) If their income is more than allowed under the standard, have incurred medical expenses at least equal to the difference between their income and the applicable income standards; and

(2) Have resources that meet the standard in §§ 436.840 and 436.843.

(b) If the agency chooses this option, the following provisions apply:

(1) The agency must provide Medicaid to the following individuals who meet the requirements of paragraph (a) of this section:

(i) All pregnant women during the course of their pregnancy who, except for income and resources, would be eligible for Medicaid as mandatory or optional categorically needy under subparts B and C of this part;

(ii) All individuals under 18 years of age who, except for income and resources, would be eligible for Medicaid as mandatory categorically needy under § 436.124. The woman is considered to remain eligible if she meets the spend-down requirements in any consecutive budget period following the birth of the child.

(iv) Women who, while pregnant, applied for, were eligible for, and received Medicaid services as medically needed on the day that their pregnancy ends. The agency must provide medically needy eligibility to these women for an extended period following termination of pregnancy. This period begins on the last day of the pregnancy and extends through the end of the month in which a 60-day period following termination of pregnancy ends. Eligibility must be provided, regardless of changes in the women’s financial circumstances that may occur within this extended period. These women are eligible for the extended period for all services under the plan that are pregnancy-related (as defined in § 440.210(c)(1) of this subchapter).

(2) The agency may provide Medicaid to any or all of the following groups of individuals:

(i) Individuals under age 21 (§ 436.308).

(ii) Specified relatives (§ 436.310).

(iii) Aged (§ 436.320).

(iv) Blind (§ 436.321).

(v) Disabled (§ 436.322).

(3) If the agency provides Medicaid to any individual in a group specified in paragraph (b)(2) of this section, the agency must provide Medicaid to all individuals eligible to be members of that group.


§ 436.308 Medically needy coverage of individuals under age 21.

(a) If the agency provides Medicaid to the medically needy, it may provide Medicaid to individuals under age 21 (or at State option, under age 20, 19, or 18) as specified in paragraph (b) of this section:

(1) Who would not be covered under the mandatory medically needy group of individuals under 18 under § 436.301(b)(1)(i); and

(2) Who meet the income and resource requirements of subpart I of this part.

(b) The agency may cover all individuals in paragraph (a) of this section or