



APPENDIX 3: INDEX TO MEDICAID REGULATIONS

This Index is a directory to the regulations issued by the Department of Health and Human Services (HHS) to implement the federal Medicaid statute, Title XIX of the Social Security. The purpose of this Index is to enable users of *The Medicaid Resource Book* to navigate the regulations when searching for Medicaid program terms defined in the Glossary and used throughout the various chapters. The Index does not list every Medicaid regulation.

Unless otherwise indicated, all citations are to Title 42 of the Code of Federal Regulations (42 CFR). The provisions referenced are in effect as of December 31, 2001. Note that there is not a one-to-one correspondence between statutory and regulatory provisions. Many statutory provisions do not have implementing regulations, and some of the regulations cited reflect statutory provisions that are no longer in effect. For this reason, the listings in this Index do not precisely track the listings in the Index to the Medicaid Statute in Appendix 2.

As noted in the Administration Chapter, other sources of federal administrative guidance are found in the State Medicaid Manual issued by the Centers for Medicare and Medicaid Services, www.hcfa.gov/pubforms/45_smm/pub45toc.htm, and the CMS letters to State Medicaid Directors, www.hcfa.gov/medicaid/letters.

Abortions	441.200 – 441.208
Actuarial Soundness	434.61
Administrative Simplification	45 CFR 160.101 – 45 CFR 160.312; 45 CFR 162.100 – 45 CFR 162.1802
Advanced Directive	431.20; 489.100; 489.102; 489.104
Aliens	See Immigrants
Amount, Duration, and Scope	440.230
Assignment:	
Mandatory Acceptance by Providers	447.15; 447.20 – 447.21
Medical Support by Beneficiaries	435.610
Beneficiaries:	
Assignment	447.15; 447.20 – 447.21
Assignment of Medical Support	435.610
Best Interests	435.902; 431.808
Choice of Eligibility Category	435.404
Confidentiality	431.300 – 431.307
Continuation of Eligibility	435.916; 435.930(b)
Cost-Sharing Protections	447.53; 447.54
Emergency Medical Care	435.930(c)
Fair Hearing	431.200 – 431.250; 435.919
Freedom of Choice	431.51; 431.54; 431.55
Lock-in	431.54(e)
Medical Care Advisory Committee Representation	431.12(d)(2)
Nursing Facility Residents' Rights	483.10; 483.12; 483.13; 483.15
Opportunity to Apply	435.905 – 435.908
Protection against MCO Liability	434.20(c)(3)

Reasonable Promptness of Benefits	435.930(a)
Redetermination of Eligibility	435.916
Simplicity of Administration	435.902; 431.808
Termination of Eligibility	435.930(b); 435.919
Timely Determination of Eligibility	435.911
Benefits:	
Mandatory	440.210; 440.220
Optional	440.225
Capitation Payments	434.61; 447.361
Categorically Needy:	
Mandatory	Part 435, Subpart B (435.100 et seq.)
Optional	Part 435, Subpart C (435.200 et seq.)
Children:	
Adoption Assistance	435.145; 435.227
AFDC/TANF	435.110; 435.112 – 435.115
Cost-Sharing Prohibition	447.53(b)
Disabled Living at Home (“Katie Beckett”)	435.225
Foster Care	435.145
“Less Restrictive” Income and Resource Methodology	435.601(d); 435.1007(e), (f)
Medically Needy	435.308
“Optional Targeted Low-income Child”	435.4; 435.229
Presumptive Eligibility	435.1101 – 435.1102; 447.88
“Qualified”	435.119
Restraints in Inpatient Psychiatric Facilities	483.350 – 483.376
“Ribicoff”	435.222
Support Enforcement	435.115(f)
Transitional Medical Assistance (TMA)	435.112
Children’s Health Insurance Program (CHIP)	431.636; 457.1 – 457.1190
Civil Monetary Penalties:	
In General	1003.100 – 1003.135; 1005.1 – 1005.23
Managed Care Organizations (MCOs)	434.67(g)
Nursing Facilities	488.430 – 488.442
Clinical Laboratory Services:	
Benefit	440.30
Quality Standards (CLIA)	493.1 – 493.1850
Comparability:	
General Rule	440.240
Exceptions	440.250
Compliance by State Medicaid Plans	430.35; 430.60 – 430.104
Confidentiality:	
Beneficiaries Generally	431.300 – 431.307
Nursing Facility Residents	483.10(e)
Copayments	447.54; 447.55
Correctional Institution	435.1008(a)(1); 435.1009
Cost Allocation	433.34; 45 CFR 95.501 – 45 CFR 95.519
Cost-Sharing	447.50 – 447.59; 431.57; See also Assignment; Copayments; Deductibles; Spend-Down; Waivers
Deductibles	447.54
Deeming of Income or Resources	435.602
Deferral of Federal Matching Payments	430.40
Departmental Appeals Board (DAB)	45 CFR Part 16

Disabled:	
Blindness Determined	435.530 – 435.531
Disabled Widows or Widowers	435.137 – 435.138
Disability Determined	435.540
“Katie Beckett” Option	435.225
Medically Needy	435.324; 435.330
Persons with Related Conditions	435.1009
Social Security Administration Eligibility Determinations	435.541
Special Income Levels in Institutions	435.236; 435.622; 435.1005
Supplemental Security Income (SSI) Recipients	435.120; 435.121; 435.230; 435.733
State Supplementary Payment (SSP) Recipients	435.130; 435.232; 435.234
Disallowance	430.3(b)
Disclosure:	
Nurse Aide Registry Information	483.156(d)
Nursing Facility Survey Results	488.325
Provider Ownership and Related Information	455.100 – 455.106
Survey Results	431.115
Disregards	435.601(d); 435.1007(e)
Donations (Provider-Related)	433.52; 433.54
Drugs	See Prescription Drugs
Drug Use Review (DUR)	456.700 – 456.725
DSH (Disproportionate Share) Hospitals	447.296 – 447.299
EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) Services:	
Benefit	440.40(b); 441.50 – 441.62
Outreach	441.56(a)
Elderly:	
Determination of Age	435.520; 435.522
HCBS Services Eligibility	435.217; 435.726; 435.735
Medically Needy	435.320; 435.330
Medicare Buy-In	431.625
Special Income Level in Institutions	435.236; 435.622; 435.1005
Supplemental Security Income (SSI) Recipients	435.120 – 435.121; 435.230; 435.733
State Supplementary Payment (SSP) Recipients	435.130; 435.232; 435.234
Eligibility Verification	435.940 – 435.965
Emergency Services:	
Beneficiary Right	435.930(c)
Emergency Hospital Services	440.170(e)
Exclusion from Cost Sharing	447.53(b)(4)
Exemption from Freedom of Choice Waivers	430.25(c)
Illegal Immigrant Eligibility For	435.139; 435.406(c); 440.255
Non-emergency ER Use Cost-Sharing Waiver	430.25(c)(3), (g)(2); 431.57
Patient Dumping Prohibition (EMTALA)	489.20(l), (m); 489.24
Risk Contracts	434.30
Entitlement:	
To Individuals	435.930; 435.1002(a); 435.909; 435.902; 431.200 – 431.250
To States	435.1002(a); 430.38; 430.42; 430.60 – 430.104
Error Rates	431.865
Estate Recovery	433.36(h)
Exclusion	Part 1001 (1001.1 et seq.); Part 1002 (1002.1 et seq.); 1003.105; 1003.107 – 1003.110; 1003.127; 1003.129; 1003.134 – 1003.135

Fair Hearing	431.200 – 431.250
Family Planning:	
Benefit	440.40(c)(reserved); 441.20
Enhanced Matching Rate	433.10(c)(1); 433.15(b)(2)
Freedom of Choice	431.51(a)(3), (4)
FFP (Federal Financial Participation):	
Certified Public Expenditure (CPE)	433.51(b)
Deferral of	430.40
Disallowance of	430.42
Grants Procedures	430.30
Income Limitation (133 percent of AFDC payment amount)	435.1007(b)
In General	435.1000 – 435.1011
Intergovernmental Transfer (IGT)	433.51(b)
Local Share	433.53(b), (c)
Presumptive Eligibility	447.88
Prohibition on Matching Certain Expenditures	435.1005 – 435.1009
Provider Donations and Taxes	433.50 – 433.74
Financial Responsibility	435.602
FMAP (Federal Medical Assistance Percentage) (See also Matching Rates):	
Administrative Costs	433.1; 435.1001
Formula for Enhanced Matching Rates for Services	433.11; 457.622
Formula for Regular Matching Rates for Services	433.10(b); 435.1002
Fraud and Abuse:	
Civil Money Penalties	1003.100 – 1003.135; 1005.1 – 1005.23
Debarment	45 CFR 76.300 – 45 CFR 76.325
Disclosure	455.100 – 455.106
Exclusion	1001.1 – 1001.3005; 1002.1 – 1002.230; 1005.1 – 1005.23
Healthcare Integrity and Protection Data Bank	45 CFR 61.1 – 45 CFR 61.16
Lock-Out of Providers	431.54(f)
Medicaid Fraud Control Unit (MFCU)	1007.1 – 1007.21
Medicaid Management Information System (MMIS)	433.110 – 433.131
PRO Sanctions	480.137; 1004.1 – 1004.140
Suspension	45 CFR 76.400 – 45 CFR 76.420
Freedom of Choice:	
General Rule	431.51
Waiver	431.54 – 431.55
FQHCs (Federally Qualified Health Centers)	491.1 – 491.11
FUL (Federal Upper Limit) Drugs	447.331 – 447.334
HIFA (Health Insurance Flexibility and Accountability) Waivers	See Section 1115 Waivers
HIPAA (Health Insurance Portability and Accountability Act)	See Administrative Simplification
Home and Community-Based Services (HCBS):	
“1915(c)” or “2176” Waiver	440.180; 441.300 – 441.310
HCBS Waiver Eligibility	435.217; 435.726; 435.735
Long-Term Care Services Waiver	440.181
PACE	460.90 – 460.106
ICF/MR (Intermediate Care Facility for the Mentally Retarded) Services:	
Active Treatment Requirement	483.440
Certification	442.100 – 442.119
Conditions of Participation	483.400 – 483.480
Covered Service (Optional)	440.150
Defined	435.1009
Inspection of Care and Independent Professional Review	456.600 – 456.614
Level of Services for PASARR	483.100 – 483.138

Sanctions for Noncompliance	431.151 – 431.154
Upper Payment Limit (UPL)	447.272
Utilization Control	456.350 – 456.438
IGT (Intergovernmental Transfer)	433.51(b)
I.H.S. (Indian Health Service):	
I.H.S. Facilities as Medicaid Providers	431.110
100 Percent FMAP	433.10(c)(2)
Immigrants:	
Citizenship	435.406
Coverage for Emergency Services	435.139; 435.406(c); 440.255
Eligibility Verification	435.940 – 435.965
Permanently Residing Under Color of Law (PRUCOL)	435.408
IMD (Institution for Mental Diseases):	
Covered Service (Optional)	440.140;
Defined	435.1009
Exclusion for Individuals under 65	435.1008(a)(2)
Inspection of Care	456.600 – 456.614
Level of Services for PASSAR	483.100 – 483.138
Requirements	441.100 – 441.106
Utilization Control	456.150 – 456.245
Income Verification	435.930 – 435.965
Infants:	
Deemed Eligibility for Newborns	435.117
Medicaid-Only Application	435.907(c)
Medically Needy Eligibility	435.308
Outstationed Eligibility Workers	435.904
“Katie Beckett” Option	435.225
“Less Restrictive” Methodologies...	435.601(d)
Liens	433.36
Lock-In Over Overutilizing Beneficiaries	431.54(e)
Lock-Out of Providers	431.54(f)
“Look Behind” (Validation) Surveys:	
ICFs/MR	456.655
Mental Hospitals	456.655
Nursing Facilities	488.330(a), (g)
Managed Care:	
Risk Contracts	434.20 – 434.38
Upper Payment Limit (UPL)	447.361
Waivers (Freedom of Choice)	431.54 – 431.55
Matching Rates (see also FMAP):	
Administrative	433.15(b)(7)
Covered Services	433.10
Enhanced	457.622(b)
Family Planning Services	433.10(c); 433.15(b)(2)
Fraud Control Units	1007.19
MMIS (Medicaid Management Information System)	433.15(b)(3), (4)
Nurse Aide Training	433.15(b)(8)
PASARR (Preadmission Screening and Resident Review)	433.15(b)(9)
PRO (Peer Review Organization)	433.15(b)(6)
Skilled Personnel	433.15(b)(5)
MCH (Maternal and Child Health) Title V Block Grant	431.615; 431.306
Medicaid Fraud Control Unit (MFCU)	1007.1 – 1007.21
Medical Care Advisory Committee	431.12

Medically Needy:	
In General	435.300 – 435.350; 435.800 – 435.845
Spend-Down	435.831; 435.1002(b)
Optional Premium	447.51(b), (c), (d)
Medicare Buy-In	431.625
Methodologies	435.601
MMIS (Medicaid Management Information System)	433.110 – 433.131
National Practitioner Data Bank	45 CFR 60.1 – 45 CFR 60.14
Nurse Aide:	
Training	483.150 – 483.154; 483.158
Registry	483.156
Nurse Practitioner Services	440.166
Nurse Midwife Services	440.165
Nursing Facilities:	
Covered Service	405.155
Enforcement of Requirements for Participation	431.151 – 431.153; 488.400 – 488.456
Licensing of Administrators	431.700 – 431.715
Nurse Aide Training	483.150 – 483.158
Preadmission Screening and Resident Review (PASARR)	431.621; 483.100 – 483.138
Requirements for Participation	431.120; 483.1 – 483.75
Residents’ Rights	483.10; 483.12; 483.13; 483.15
Survey and Certification	488.300 – 488.456; 488.100; 488.105; 488.110; 488.115
Upper Payment Limit (UPL)	447.272
Waiver of Staffing Standards	483.30(c)
“Nursing Home Only” Eligibility Category	435.231; 435.622
Organ Transplants	441.35
Outreach:	
CHIP Block Grant Requirement	457.350; 457.353
EPSDT	441.56(a)
Outstationing Eligibility Workers:	
Provider Donations for	433.58(d)(2)
Requirement	435.904
Overpayments:	
Recovery from Medicaid Providers	433.300 – 433.322; 447.30
Recovery from Medicare Providers	447.31
Recovery from Third Parties	433.139
PACE (Program of All-Inclusive Care for the Elderly) Program	460.2 – 460.210
Parents:	
Receiving Cash Assistance	435.110
Transitional Medical Assistance (TMA)	435.112
PASARR (Preadmission Screening and Resident Review):	
Payments to States	433.15(b)(9)
Preadmission Screening	483.100 – 483.138
Resident Review	483.200 – 483.206
Payments to Providers:	
Audits	447.202
Disproportionate Share Hospitals	447.296 – 447.299
Factoring Prohibition...	447.10
General Standard (Efficiency, Economy, Quality)	447.250(b)
General Standard (Sufficient Participation)	447.204
Hospitals	447.272
ICFs/MR	447.272
Nursing Facilities	447.272

PACE Programs	460.182
Provider Agreements	431.107 – 431.108; 442.10 – 442.42; 488.456
Public Notice of Methods for Setting Rates	447.205
Public Provider Nominal Charges	447.271(b)
Rural Health Clinics	447.371
Timely Claims Payment	447.45; 431.55(f)(4)
Upper Payment Limits	447.257; 447.271 – 447.272; 447.304; 447.321; 447.325
Personal Care Services	440.167; See also HCBS Services
Physician Certification of Need for Inpatient Services	456.60; 456.160; 456.360; 456.481
Physician Incentive Plans	417.479
“Pickle” Amendment	435.135
Post-Eligibility Application of Income to Cost of Care	435.700 – 435.735; 435.832
PNA (Personal Needs Allowance)	435.725(c)(1)
Pregnant Women:	
Continuing Eligibility	435.170
Cost-Sharing Prohibition	447.53(b)(2)
Medicaid-Only Application	435.907(c)
Medically Needy Eligibility	435.301(b)(1)
Pregnancy-Related Services	440.210(a)(2), (3)
Premiums:	
Imposed on Beneficiaries	447.51 – 447.52
Paid on Behalf of Medicare Beneficiaries	431.625
PACE Programs	460.186(d)
Prescription Drugs:	
Benefit	440.120(a); 441.25
Drug Use Review (DUR)	456.700 – 456.725
Federal Upper Limit (FUL)	47.331 – 447.334
Presumptive Eligibility for Children	435.1101 – 435.1102; 447.88
Primary Care Case Management (PCCM) Services	431.55(c)
PRO (Peer Review Organization)	431.630; 475.1 – 480.143; 1004.1 – 1004.140
Prompt Payment to Providers	447.45; 431.55(f)(4)
Provider Agreements	431.107 – 431.108; 442.10 – 442.42; 488.456
Provider Donations	433.52; 433.54
Provider Taxes	433.55 – 433.74
Puerto Rico:	
Eligibility	436.1 – 436.1002
Exemptions from Freedom of Choice Requirement	431.51(b)(1);
Limit on (FFP) Federal Financial Participation	433.10(b)
Matching Rate (FMAP)	433.10(b)
QC (Medicaid Eligibility Quality Control)	430.32(b); 431.800 – 431.822; 431.865
QMBs (Qualified Medicare Beneficiaries)	435.1007(a); 435.601(d)(1)(iii)
Quality Standards:	
In General	440.260; 456.3(b); 456.5; See also Survey and Certification
IMDs	441.102
ICFs/MR	441.154 – 441.156
Nursing Facilities	483.1 – 483.75
PACE Programs	460.130 – 460.140
Practitioners	45 CFR 60.1 – 45 CFR 60.14; 1004.10(b)
Risk Contractors	434.34; 434.53

Refugee Medical Assistance	45 CFR 400.90 – 45 CFR 400.94
Relative Responsibility	435.602
Religious Beliefs	440.270
Residency	435.403
Respiratory Care for Ventilator-Dependent Individuals	440.185
Restraints:	
Inpatient Psychiatric Facilities	483.350 – 483.376
Nursing Facilities	483.13(a); 483.25(l)(2)
PACE Programs	460.114
Retroactive Coverage	435.914
“Ribicoff” Children	435.222
Risk Contract	434.20 – 434.38; 434.50 – 434.67; 434.74; 434.80
Rural Health Clinic (RHC):	
Certification	491.1 – 491.11
Covered Service	440.20(b), (c)
Payment for Services	447.371
SCHIP (State Children’s Health Insurance Program)	431.636; 457.1 – 457.1190
Screen and Enroll	457.350; 457.353
Section 209(b)	435.121; 435.230; 435.330
Selective Contracting Waiver	431.55(f)
Services	See Benefits
SIEVS (State Income and Eligibility Verification System)	435.940 – 453.965
Simplicity of Administration	435.902
Single State Agency	431.10
Spend-Down:	
Medically Needy	435.831
“209 (b)” States	435.121(e); State 45 CFR 95.4
State Medicaid Plan:	
In General	430.10 – 430.20
Compliance with Federal Requirements	430.10 – 430.48; 430.60 – 430.104
State Plan Amendments (SPA)	430.12 – 430.20
State Share of Medicaid Expenditures:	
Certified Public Expenditure (CPE)	433.51(b)
Intergovernmental Transfer (IGT)	433.51(b)
Local Share	433.53
Non-Federal Funds	435.51(c)
State Survey Agency	431.610
Statewideness:	
Requirement	431.50
Waiver	431.55(a)
Sterilizations	441.250 – 441.259
Survey and Certification:	
Disclosure of Survey Findings	431.115
Nursing Facilities	488.300 – 488.456
State Survey Agency	431.610
Territories:	
Eligibility	436.1 – 436.1002
Exemptions from Freedom of Choice Requirement	431.51(b)(1)
Limit on (FFP) Federal Financial Participation	433.10(b)
Matching Rate (FMAP)	433.10(b)
Special Waiver Provisions	431.56

Third-Party Liability (TPL):	
In General	433.135 – 433.140; 447.20 – 447.21
Assignment of Rights to Payment	433.145 – 433.148
Transportation	431.53; 440.170(a); 441.62
Transitional Medical Assistance (TMA):	
Child or Spousal Support	435.115(f)
Working Families	435.112
“2176” Waivers	See Home- and Community-Based Services
“209(b) States”	435.121; 435.230; 435.330
UPL (Upper Payment Limits):	
FFP Limits	447.257; 447.304
Inpatient Hospital, Nursing Facility, ICF/MR	447.271 – 447.272
Outpatient Hospital and Clinic	447.321; 447.325
Risk Contractors	447.361
Utilization Control (UR)	
In General	456.1 – 456.6; See also Drug Use Review (DUR), PRO (Peer Review Organization)
Hospitals	456.50 – 456.145
ICFs/MR	456.350 – 456.438
Mental Hospitals	456.150 – 456.245
Penalties	456.650 – 456.657
Waivers	456.500 – 456.508
Voluntary Contributions	See Provider Donations
Waivers:	
In General	430.25
Cost-Sharing	431.57; 447.54(b)
Freedom of Choice	431.55
Home- and Community-Based Services	441.300 – 441.310
Nursing Facility Staffing Standards	483.30(c)
Provider Taxes	433.72
Utilization Review	456.500 – 456.508
WIC (Special Supplemental Food Program for Women, Infants and Children):	
Coordination and Outreach	431.635
Presumptive Eligibility	435.1101
Working Disabled:	
Qualified Disabled and Working Individual (QDWIs)	435.121(b)(2)
SSI (Supplemental Security Income) Eligibles	435.120(a)
Qualified Severely Impaired Individual	435.120(c); 435.121(b)(1), (3)