

OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

		inancial Eligibility Residency	S88
2	CFR	435.403	
Sta	te Re	esidency	
√		e state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under tain conditions.	
	Indi	lividuals are considered to be residents of the state under the following conditions:	
		Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:	
		Intends to reside in the state, including without a fixed address, or	
		■ Entered the state with a job commitment or seeking employment, whether or not currently employed.	
		Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.	1
		Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:	
		Residing in the state, with or without a fixed address, or	
		The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.	
		Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:	
		Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's before resides in the state, or	nalf
		Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual placement, or	al's
		If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.	
		Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the statunless another state made the placement.	ate,
		Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.	
		Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed institution by another state.	in the
		IV-F eligible children living in the state, or	

Approval Date: 03/07/2014

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 $\begin{array}{c} \text{Page 1 of 4} \\ \text{Effective Date: 01/01/2014} \end{array}$



Otherwise meet the requirements of 42 CFR 435.403.

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Meet the criteria specified in an interstate	agreement.		
• Yes C No			
■ The state has interstate agreemen	nts with the following selected	states:	
	⊠ Illinois	Montana	
⊠ Alaska	☑ Indiana	Nebraska	⊠ South Carolina
	⊠ Iowa	Nevada	⊠ South Dakota
	X Kansas	New Hampshire	
⊠ California		New Jersey	▼ Texas
⊠ Colorado	∠ Louisiana	New Mexico	⊠ Utah
⊠ Connecticut ∑	Maine	☐ New York	∨ Vermont
□ Delaware □	Maryland	North Carolina	∨irginia
☐ District of Columbia ☐	Massachusetts	North Dakota	Washington
⊠ Florida [Michigan	○ Ohio	☐ West Virginia
⊠ Georgia [○ Oklahoma	
⊠ Hawaii	Mississippi		☐ Wyoming
⊠ Idaho	⊠ Missouri	Pennsylvania	
	disputed residency of individual purpose of attending school the purpose of attending school tes	als who (select all that apply):	resolution of their residency
Provide a description of the policy:			
When the student is in the state only claimed as a tax dependent by some		considered a resident of the sta	ite when the student is

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rovide a description of	he definition:
1	n state with the intent to return, do not affect the individual's state of residence.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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