

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

Non-Financial Eligibility State Residency						
42	CFR	435.403				
Sta	ate R	esidency				
√		state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under ain conditions.				
	Ind	ividuals 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.				
		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 beh resides in the state, or	alf			
		Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual placement, or	ıl'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.	te,			
		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 i institution by another state.	n the			
		IV-E eligible children living in the state, or				



Otherwise meet the requirements of 42 CFR 435.403.

TN No. 13-0030 Approval Date: 3/21/14 Effective Date: January 1, 2014



leet the criteria specified in an inter-	state agreement.					
Yes C No						
The state has interstate agree	ements with the following se	lected states:				
		Montana				
Alaska		Nebraska	South Carolina			
	⊠ Iowa	Nevada Nevada	South Dakota			
		New Hampshire	Tennessee			
		New Jersey				
	□ Louisiana	New Mexico				
	Maine	New York	∨ Vermont			
□ Delaware	Maryland		∨irginia			
District of Columbia	Massachusetts	North Dakota	Washington			
	Michigan	○ Ohio	West Virginia			
☐ Georgia	Minnesota	○ Oklahoma				
	Mississippi	○ Oregon	☐ Wyoming			
		Pennsylvania				
status and criteria for resolv Are IV-E eligible Are in the state only for	the purpose of attending sch for the purpose of attending sch for the purpose of attending	g school				
Yes C No						
Provide a description of the policy:						
Alaska considers an applicant, a parent lives in the state, (2) the applying on his or her own behavior.	student is claimed as a tax do	adent in the state, to not be a resi	ident of the state, if (1) neither state, and (3) the student is			



The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

Yes ○ No

Provide a description of the definition:

Medicaid may not be denied or terminated because an individual is temporarily absent from the state if that individual intends to return to the state when the purpose of the absence has been accomplished, unless another state has determined that the individual is a resident for the purposes of receiving Medicaid.

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.

TN No. 13-0030 Approval Date: 3/21/14 Effective Date: January 1, 2014