

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

March 1997 Co. Co. Co. Co.	Financial Eligibility e Residency	S88		
42 CI	FR 435.403			
State Residency				
✓ c	state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under ain conditions.			
I	ndividuals 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 emarried, if the individual is living in the state and:	mancipated or		
	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.			
Į	Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents which they live.	s of the state in		
	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 t resides.	he individual		
	Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became in indicating intent before age 21 and individuals under age 21 who are not emancipated or married:	ncapable of		
	Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the in resides in the state, or	ndividual's behalf		
	Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of placement, or	of the individual's		
	If the individual applying for Medicaid on the individual's behalf resides in the state and the parental right institutionalized individual's parent(s) were terminated and no guardian has been appointed and the indivinstitutionalized in the state.	nts of the ridual is		
[Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically prunless another state made the placement.	esent in the state,		
[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, a institution by another state.	nd not placed in the		
[i	IV-E eligible children living in the state, or			

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Otherwise meet the requirements of 42 CFR 435.403.

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Meet the criteria specified in an interstate agreement.					
The state has interstate agreements with the following selected states:					
		Montana			
⊠ Alaska		Nebraska Nebraska	South Carolina		
	⊠ Iowa	⊠ Nevada	South Dakota		
		New Hampshire	Tennessee		
		New Jersey	▼ Texas		
		New Mexico	□ Utah		
	Maine Maine Maine Maine Maine Maine Maine Maine	New York	∇ermont		
□ Delaware	Maryland	North Carolina	∀ Virginia		
District of Columbia		North Dakota	₩ ashington		
Florida	Michigan	○ Ohio	⊠ West Virginia		
☐ Georgia	Minnesota	○ Oklahoma	Wisconsin ✓		
	Mississippi	○ Oregon	☐ Wyoming		
⊠ Idaho		Pennsylvania			
The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply): Are IV-E eligible					
Are in the state only for the purpose of attending school					
Are out of the state only for the purpose of attending school					
Retain addresses in both states					
Other type of individual					
The state has a policy related to individuals in the state only to attend school.					
Yes No					
Otherwise meet the criteria of resident, but who may be temporarily absent from the state.					
The state has a definition of temporary absence, including treatment of individuals who attend school in another state.					

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Provide a description of the definition:

An individual may be temporarily absent from the State if the person intends to return when the purpose of the absence has been accomplished, unless another State has determined the individual is a resident there for purposes of 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.

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