	SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:	STATE:		
14-0004 MM5	Tennessee		
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):		
S88 Non-Financial Eligibility- State Residency	Section 2: Page 13, Item 2.3, TN 87-12; Attachment 2.6-A: Page 3, TN 98-2		



Medicaid Eligibility

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

2002		inancial Eligibility Residency		S88		
42	CFR	435.403				
Sta	te R	esidency				
7	The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.					
	Indi	ividuals are considered to be r	esidents of the state under the following conc	litions:		
		Non-institutionalized individ married, if the individual is li		e of indicating intent and who are emancipated or		
		Intends to reside in the s	tate, including without a fixed address, or			
		Entered the state with a j	ob commitment or seeking employment, who	ether or not currently employed.		
		Individuals age 21 and over, which they live.	not living in an institution, who are not capal	ole of indicating intent, are residents of the state in		
		Non-institutionalized individ	uals under 21 not described above and non P	V-E beneficiary children:		
		Residing in the state, wi	th or without a fixed address, or			
		The state of residency of resides.	the parent or caretaker, in accordance with 4	12 CFR 435.403(h)(1), with whom the individual		
		Individuals living in institution indicating intent before age 2	ons, as defined in 42 CFR 435.1010, including and individuals under age 21 who are not one	ng foster care homes, who became incapable of emancipated or married:		
		Regardless of which state resides in the state, or	e the individual resides, if the parent or guard	dian applying for Medicaid on the individual's behalf		
		Regardless of which state placement, or	te the individual resides, if the parent or guar	dian resides in the state at the time of the individual's		
			ual's parent(s) were terminated and no guardi	ides in the state and the parental rights of the an has been appointed and the individual is		
-		Individuals living in instituti unless another state made the	ons who became incapable of indicating interest placement.	nt at or after age 21, if physically present in the state,		
		Individuals who have been p	laced in an out-of-state institution, including	foster care homes, by an agency of the state.		
		Any other institutionalized institution by another state.	ndividual age 21 or over when living in the st	tate with the intent to reside there, and not placed in the		
		IV-E eligible children living	in the state, or			
•		TN-14-0004-MM5	Approval Date: 06-26-14	Effective Date: 01 01 14		

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Medicaid Eligibility

Otherwise meet the requirements of 42 CFR 435.403.

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Tennessee

Medicaid Eligibility

		Nebraska	South Carolina
	⊠ Iowa	Nevada	South Dakota
		New Hampshire	Tennessee
		New Jersey	
		New Mexico	∪tah
	Maine	☐ New York	∨ Vermont
□ Delaware	Maryland	North Carolina	∨irginia
District of Colum	nbia Massachusetts	North Dakota	Washington
	Michigan Michigan	Ohio	West Virginia
☐ Georgia	Minnesota Minnesota	○ Oklahoma	Wisconsin
Hawaii	Mississippi Mississippi	Oregon	
☐ Idaho		Pennsylvania	
	resolving disputed residency of in	dividuals who (select all that app	ly):
☐ Are IV-E eligible ☐ Are in the state of ☐ Are out of the state ☐ Retain addresses ☐ Other type of ince	only for the purpose of attending sc ate only for the purpose of attending in both states	g school	

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Effective Date: 01-01-14



Medicaid Eligibility

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

@ Yes C No

Provide a description of the definition:

The State considers an individual who has established state residency to still be a state resident during a period of temporary absence which may include, but is not limited to, a temporary work assignment, hospitalization, mental health treatment or education purposes if the individual intends to return to the state when the reason for the temporary absence ends.

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.

Effective Date: 01-01-14

TN-14-0004-MM5 Tennessee Approval Date: 06-26-14

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