

**OTHER ELIGIBILITY REQUIREMENTS
STATE RESIDENCE AND RESPONSIBILITY FOR ASSISTANCE**

ASSISTANCE TO PERSONS TEMPORARILY IN THE STATE

Policy: The state of residence is fiscally responsible for providing Medicaid to otherwise eligible A/Rs.

When an application is made by a person temporarily in New York State (NYS), the local district in which s/he is found assists the appropriate agency in the applicant's state of residence with the investigation to determine eligibility and make arrangements for care.

However, if the Medicaid available to the client in his/her state of residence is limited in scope and duration, NYS may authorize care after the A/R utilizes any Medicaid available from his/her home state, providing the A/R did not enter the NYS for the purposes of obtaining such care and s/he is otherwise eligible.

Persons who are placed in medical institutions in NYS by another state remain the responsibility of that State which made the placement.

- References:**
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| SSL Sect | 365.1(b)
366.1(b) |
| Dept. Reg. | 360-3.2(g)
360-3.6 |
| ADM | OMM/ADM 97-1 |
| LCM | 93 LCM-12 |

Interpretation: When an A/R is temporarily absent from his/her state of residence, that state continues to be responsible for the A/R's Medicaid (See **OTHER ELIGIBILITY REQUIREMENTS STATE RESIDENCE AND RESPONSIBILITY FOR ASSISTANCE** for a discussion of state of residence). If the state of residence does not agree that the individual is the responsibility of that state for Medicaid purposes, then NYS Medicaid is authorized for an otherwise eligible A/R provided that the A/R did not enter NYS for the purpose of obtaining medical care.

When a person is found in NYS and is medically unable to return to his/her home state, the district where the person is found at the time s/he becomes unable to return to his/her home state is