

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

ASSISTANCE TO PERSONS WHO CHANGE RESIDENCY

Description: Medicaid recipients who notify their district of residence of a change in residency to another district in New York State will have their Medicaid case transitioned to the new district without the need for a new application or face-to-face interview.

Policy: Medicaid recipients who report their move from one district to another within the State will be provided coverage by their originating district for the month in which the move is reported and the following month. Coverage will be established in the new district of residence effective the first day of the second month following the month the move was reported. Eligibility will continue for the duration of the originating county's authorization period, or four months, whichever is greater. If a recipient advises the district of a move, in advance of his or her actual relocation, the originating district is responsible for providing coverage through the month of the actual move and the following month.

References:

SSL Sect.	62.5 (a)
ADMs	09 OHIP/ADM-1 99 OMM/ADM -3 OMM/ADM 97-1 95 ADM-5 89 ADM-2
Dept. Reg.	360-1.4 (j)
LCM	08 OHIP/LCM-1
GISs	09 MA/004 02 MA/006 02 MA/001

Interpretation: Recipients in Case Types 20 (Medicaid), 24 (Family Health Plus), and recipients who receive Medicaid through a Temporary Assistance (TA) Case (Case Types 11, 12, 16 or 17) who notify their district of a move to another county, and provide their new address in writing will have their Medicaid case transitioned to the new district of residence without the need for a new application or face-to-face interview.

NOTE: This policy does not apply to Medicaid recipients who are institutionalized in a medical facility as defined in Department