

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State _____

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.406 3.	<p>Is residing in the United States and--</p> <ul style="list-style-type: none"> a. Is a citizen or national of the United States; b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA’s eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended; c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; e. Is a qualified alien (QA) whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended. <input type="checkbox"/> State covers all authorized QAs. <input type="checkbox"/> State does not cover authorized QAs. f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible aliens lawfully residing in the United States; consisting of qualified aliens subject to the 5-year bar, aliens described in 8 CFR 103.12(a)(4), legal non-immigrants from the Compact of Free Association states who are considered permanent non-immigrants, and including non-immigrants under section 101(a)(15) of the Immigration and Nationality Act subsections (K), (N), (R), (S), (T), (U), and (V): <input type="checkbox"/> Elected for pregnant women. <input type="checkbox"/> Elected for children under age ____.

TN No: _____ Approval Date _____ Effective Date _____
Supersedes
TN No. _____