## **Medicaid Eligibility**

OMB Control Number: 0938-1148

State:

| Transmittal Number: Of        |  | OMB Expiration Date: xx/xx/xxxx  |
|-------------------------------|--|--|
| Sa                            | ame-Sex Marriage Policy  | SXX  |
| 1902(e)(14)(G)<br>1902(a)(17) |  |  |
| •                             | With respect to individuals for whom the state must comple MAGI or for MAGI-excepted groups utilizing AFDC-related Recognizes same-sex couples as spouses, if they are leg territory, or foreign jurisdiction in which the marriage v                          | ed or SSI-related methodologies, the state: gally married under the laws of the state, was celebrated. |
|                               | □ Does not recognize same-sex couples as spouses, even territory, or foreign jurisdiction that recognizes same-sex   |  |
| •                             | With respect to individuals whose eligibility for Medicaid is program, and for whom the state does not complete a determine the state will not make any determination concerning maritate to be based on the determination of eligibility for the application. | nination of income for Medicaid eligibility,<br>al status. Medicaid eligibility will continue          |
| •                             | The option elected above, with respect to income determinate post-eligibility issues, including spousal impoverishment, and degree permitted by state law.   |  |
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## PRA Disclosure Statement

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