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## Table of Contents

**State/Territory Name: Tennessee**

**State Plan Amendment (SPA) #: TN-14-0010-MC2**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Tennessee consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

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APR 15 2016

Darin Gordon  
Director, Cover Kids  
Division of Health Care Finance & Administration  
310 Great Circle Road  
Nashville, TN 37243

Dear Mr. Gordon:

I am pleased to inform you that your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) TN-14-0010 related to Modified Adjusted Gross Income (MAGI) Eligibility, submitted on June 13, 2014, with additional information submitted on December 18, 2015 and April 15, 2016, has been approved. This amendment has an effective date of January 1, 2014.

SPA number TN-14-0010 updates the state's current MAGI-equivalent eligibility standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached and should be incorporated into the state's approved CHIP state plan.

Your title XXI project officer is Ms. Cassie Lagorio. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Lagorio's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-4554  
Facsimile: (410) 786-5943  
E-mail: [Cassandra.Lagorio@cms.hhs.gov](mailto:Cassandra.Lagorio@cms.hhs.gov)

Official communications regarding program matters should be sent simultaneously to Ms. Lagorio and Ms. Jackie Glaze, Associate Regional Administrator (ARA) in our Atlanta Regional Office. Ms. Glaze's address is:

Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
Atlanta Federal Center, 4<sup>th</sup> Floor  
61 Forsyth Street, SW, Suite 4T20  
Atlanta, GA 30303-8909

Page 2 – Mr. Darin Gordon

If you have any additional questions, please contact Mr. Manning Pellanda, Director, Division of State Coverage Programs, at (410) 786-5143. We look forward to continuing to work with you and your staff.

Sincerely,

/ Anne Marie Costello/

Anne Marie Costello  
Acting Director

cc: Jackie Glaze, ARA, CMS Region IV

Control Panel

General Information

File Management

Tribal Input

Summary

Children's Health Insurance Program Eligibility:  
Summary Page

State/Territory Tennessee

name: **Transmittal Number:**

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

TN 14-0010

**Type of SPA:**

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 457.320(a)(2) and (3)

**Federal Budget Impact**

- This SPA has a budget impact.  
Total budget impact:

State Funds: \$ 58061592.00

Federal Funds: \$ 178827808.00

Please attach a revised CHIP budget.

Document	
Please provide a short description of this support document:	
Character Count: 28 out of 2000	
Updated CHIP budget summary.	
Uploaded Document Name:	
Date Uploaded:	
TN 14-0010 - Updated CHIP Budget - 20160405.pdf	
Download	

**Subject of Amendment**

Please provide a brief summary of SPA changes.

Character Count: 83 out of 2000

This SPA specifies the age and income ranges for the Medicaid expansion population.

**Signature of State Agency Official**

Submitted By: Aaron Butler

Last Revision Date: Apr 15, 2016

Submit Date: Jun 13, 2014

BACK

CONTINUE



# CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: TN - 14 - 0010

Expiration date: 10/31/2014

## Eligibility for Medicaid Expansion Program

CS3

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

### Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
<b>+</b>	<input type="text" value="6"/>	<input type="text" value="14"/>	109	133	<b>X</b>
<b>+</b>	<input type="text" value="14"/>	<input type="text" value="19"/>	29	133	<b>X</b>

### 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 50 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.

V.20140415

**APR 15 2016**