\_\_\_\_\_

#### **Table of Contents**

**State/Territory Name: Tennessee** 

State Plan Amendment (SPA) #: TN-14-0009-MC5

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.

 $\label{link-to-state} \begin{tabular}{ll} Link to state title XXI state plans and amendments: $$ \underline{http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html $$ \underline{http://medicaid.gov/Medicaid-CHIP-Program-Information.html}$$$ 

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



#### Children and Adults Health Programs Group

#### JUL 1 0 2014

Stephanie Dickerson Director, CoverKids & Program Integrity Division of Health Care Finance & Administration 310 Great Circle Road – 2 West Nashville, TN 37243

Dear Ms. Dickerson:

I am pleased to inform you that your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number TN-14-0009 submitted on April 17, 2014, related to Modified Adjusted Gross Income (MAGI) Eligibility, has been approved with an effective date of January 1, 2014.

The SPA number TN-14-0009 is approved to clarify the state's non-financial eligibility policies on residency, citizenship, social security numbers, substitution of coverage, and continuous eligibility. Copies of the approved state plan pages are attached and these approved pages supersede sections of Tennessee's current state plan as detailed below:

New State Plan Page	Impact on Current State Plan Section
CS17: Non-Financial Eligibility –	Section 4.1.5
Residency	
CS18: Non-Financial Eligibility –	Section 4.1.0; 4.1-LR; 4.1.1-LR
Citizenship	,
CS19: Non-Financial Eligibility – Social	Section 4.1.9.1
Security Number	
CS20: Non-Financial Eligibility –	Section 4.4.4
Substitution of Coverage	
CS27: General Eligibility – Continuous	Section 4.1.8
Eligibility	

Your Title XXI project officer is Ms. LaVern Baty. She is available to answer questions concerning this amendment. Ms. Baty's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850 Telephone: (410) 786-5480

#### Page 2 – Ms. Stephanie Dickerson

Facsimile: (410) 786-5882

E-mail: <u>Lavern.Baty@cms.hhs.gov</u>

Official communications regarding program matters should be sent simultaneously to Ms. Baty and to Ms. Jackie Glaze, Associate Regional Administrator, Centers for Medicare & Medicaid Services, Region 4, Division of Medicaid and Children's Health Operations. 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

If you have additional questions, please contact Ms. Kelly D. Whitener, Director, Division of State Coverage Programs at 410-786-0719. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,

/ Eliot Fishman/

Eliot Fishman Director

**Enclosures** 

cc:

Jackie Glaze, ARA, CMS Region IV, Atlanta

TN.0936.R00.00 - Jan 01, 2014

Home

Logout

Finder

Save

Validate

Print

Help

#### **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 14-0009

## 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, Subpart C

## Federal Budget Impact

■ This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

### Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count:104 out of 2000

This submission describes the state's implementation of nonfinancial eligibility requirements for CHIP.

## Signature of State Agency Official

Submitted By: Aaron Butler

Last Revision Jun 18, 2014

Date:

Submit Date: Apr 17, 2014

BACK

CONTINUE



SPA# TN-14-0009

# **CHIP Eligibility**

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Non-Financial Eligibility - Residency
42 CFR 457.320
Residency
The CHIP Agency provides CHIP to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.
A child is considered to be a resident of the state under the following conditions:
A non-institutionalized child, if capable of indicating intent and who is emancipated or married, if the child is living in the state and:
1. Intends to reside in the state, including without a fixed address, or
2. Has entered the state with a job commitment or seeking employment, whether or not currently employed.
A non-institutionalized child not described above and a child who is not a ward of the state:
1. Residing in the state, with or without a fixed address, or
2. The state of residency of the parent or caretaker, in accordance with 42 CFR.435.403(h)(1), with whom the individual resides.
An institutionalized child, who is not a ward of the state, if the state is the state of residence of the child's custodial parent or caretaker at the time of placement, or
A child who is a ward of the state regardless of where the child lives, or
A child physically located in the state when there is a dispute with one or more states as to the child's actual state of residence.
If the state covers pregnant women, a pregnant woman is considered to be a resident under the following conditions:
A non-institutionalized pregnant woman who is living in the state and:
1. Intends to reside in the state, including without a fixed address, or if incapable of indicating intent, is living in the state, o
2. Entered with a job commitment or seeking employment, whether or not currently employed.
An institutionalized pregnant woman placed in an out-of-state-institution, as defined in 42 CFR 435.1010, including foster care homes, by an agency of the state, or
An institutionalized pregnant woman residing in an in-state-institution, as defined in 42 CFR 435.1010, whether or not the individual established residency in the state prior to entering the institution, or
A pregnant woman physically located in the state when there is a dispute with one or more states as to the pregnant woman's actual state of residence.

The state has in place related to the residency of children and pregnant women (if covered by the state):



One or m	nore interstate agreement(s). No		
A policy related to individuals in the state only for educational purposes. Yes			
Provide a description of the policy:			
	Individuals attending school out of state, but considered to be dependents of a Tennessee resident are temporarily absent while attending school. Individuals attending school in Tennessee, but considered to be dependents of a non-Tennessee resident will not be considered a resident of Tennessee.		

#### 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.

Approval Date: JUL 1 0 2014



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Non-Financial Eligibility - Citizenship				
Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)				
Citizenship				
The CHIP Agency provides CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-citizens, including the time period during which they are provided with reasonable opportunity to submit verification of their citizenship, national status or satisfactory immigration status.				
■ The CHIP Agency provides eligibility under the Plan to otherwise eligible individuals:				
Who are citizens or nationals of the United States; or				
Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is no prohibited by section 403 of PRWORA (8 U.S.C. §1613); or				
Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality, or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), and 1902(ee) of the Act, and 42 CFR 435.406, 407, 956 and 457.380.				
The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.				
The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.				
The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.				
The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible children up to age 19, lawfully residing in the United States, as provided in Section 2107(e)(1)(J) of the SSA (Section 214 of CHIPRA 2009, P.L. 111-3).				
The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible pregnant women, lawfully residing in the United States, as provided in Section 214 of CHIPRA 2009, P.L. 111-3. The state may not select this option unless the state also covers lawfully residing children. A state may not select this option unless the state also covers Targeted Low-Income Pregnant Women.				
The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.  The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible children up to age 19, lawfully residing in the United States, as provided in Section 2107(e)(1)(J) of the SSA (Section 214 of CHIPRA 2009, P.L. 111-3).  The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible pregnant women, lawfully residing in the United States, as provided in Section 214 of CHIPRA 2009, P.L. 111-3. The state may not select this option unless the state also covers Targeted Low-				

#### **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.

> JUL 1 0 2014 Approval Date: \_\_\_\_\_ Effective Date: January 1, 2014

Page 1 of 1



SPA# TN-14-0009

# **CHIP Eligibility**

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Non-Financial Eligibility - Social Security Number  CS1
42 CFR 457.340(b)
Social Security Number
As a condition of eligibility, the CHIP Agency must require individuals who have a social security number or are eligible for one as determined by the Social Security Administration, to furnish their social security number, or numbers if they have more than one number.
The CHIP Agency requires individuals, as a condition of eligibility, to furnish their social security number(s), with the following exceptions:
Individuals refusing to obtain a social security number (SSN) because of well established religious objections, or
Individuals who are not eligible for an SSN, or
Individuals who are issued an SSN only for a valid non-work purpose.
The CHIP Agency assists individuals, who are required to provide their SSN, to apply for or obtain an SSN from the Social Security Administration if the individual does not have or forgot their SSN.
The CHIP Agency informs individuals required to provide their SSN:
By what statutory authority the number is solicited; and
How the state will use the SSN.
The CHIP Agency provides assurance that it will verify each SSN furnished by an applicant or beneficiary with the Social Security Administration, not deny or delay services to an otherwise eligible applicant pending issuance or verification of the individual's SSN by the Social Security Administration and that the state's utilization of the SSNs is consistent with sections 205 and 1137 of the Social Security Act and the Privacy Act of 1974.
The state may request non-applicant household members to voluntarily provide their SSN, if the state meets the requirements below.
The state requests non-applicant household members to voluntarily provide their SSN.
✓ When requesting an SSN for non-applicant household members, the state assures that:
At the time such SSN is requested, the state informs the non-applicant that this information is voluntary and provides information regarding how the SSN will be used; and
The state only uses the SSN for determination of eligibility for CHIP or other insurance affordability programs, or for a purpose directly connected with the administration of the state plan.

PRA Disclosure Statement

Approval Date: JUL 1 0 2014

Approval Date: January 1, 2014

Page 1 of 2



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.

Approval Date: JUL 1 0 2014

Effective Date: January 1, 2014

Page 2 of 2



OMB Control Number: 0938-1148

Expiration date: 10/31/2014

	30 1 21 3 5 6 6 7 7	Health Insurance Program Eligibility - Substitution of Co	the purpose of the party of the	CS20
Section 2102	(b)(3)(	C) of the SSA and 42 CFR 457.340(d	)(3), 457.350(i), and 457.805	
Substituti	on of	Coverage		
[✓] cov€	rage or	other commercial health insurance w	methods and policies in place to prevent the substitution of grith public funded coverage. These policies include:	group health
	Substit	ution of coverage prevention strategy		<del></del>
		Name of policy	Description	
	•	Monitoring for Substitution of Coverage	CoverKids will monitor to ensure that there is not a pattern of children dropping other health coverage in order to be eligible for CoverKids. To determine the percent of enrollees who dropped group health insurance without good cause in order to become eligible for CHIP, CoverKids will generate quarterly reports to compare the number of individuals under age 19 that were denied due to another insurance, reapplied and were approved for CoverKids who no longer report other insurance within a six (6) month time frame. If substitution exceeds ten (10) percent, the department will collaborate with CMS to identify a strategy to reduce substitution.	X
Aw	aiting <sub>l</sub>	period during which an individual is i	neligible due to having dropped group health coverage. No	
If the state el	ects to	offer dental only supplemental covera	age, the following assurances apply:	tul
		age exclusion does not apply to childnion 2110(b)(5) of the SSA.	ren who are otherwise eligible for dental only supplemental o	overage as

#### PRA Disclosure Statement

The waiting period does not apply to children eligible for dental only supplemental coverage.

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.20131122

pproval Date:	JUL 1 0 2014	Effective Date: January 1, 20°
		Page 1 of 1



SPA# TN-14-0009

# **CHIP Eligibility**

OMB Control Number: 0938-1148

Expiration date: 10/31/2014 Separate Child Health Insurance Program **CS27** General Eligibility - Continuous Eligibility 2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926 The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier. The CHIP Agency elects to provide continuous eligibility to children under this provision. Yes For children up to age 19 C For children up to age The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility. and ends: At the end of the 12 months continuous eligibility period. Exceptions to the continuous eligibility period: The child attains the age specified by the state Agency or age 19. The child or child's representative requests voluntary disenrollment. The child is no longer a resident of the state. The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative. The child dies. There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan. ○ Other Describe The child's household income decreases, resulting in the child's being X eligible for Medicaid.

#### 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.