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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 14-0003-MM2

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

October 15, 2014

Mr. Darin J. Gordon, Director
Bureau of TennCare
Tennessee Department of Finance and Administration
310 Great Circle Road
Nashville, TN 37243

Re: S94-Eligibility Process State Plan Amendment (SPA) TN-14-0003-MM2

Dear Mr. Gordon:

Enclosed is an approved copy of Tennessee's state plan amendment TN-14-0003-MM2, which was submitted to CMS on March 24, 2014. This SPA was approved October 14, 2014 with an effective date of January 1, 2014.

This SPA, TN-14-0003-MM2, incorporates the MAGI-based eligibility process requirements into Tennessee's Medicaid state plan in accordance with the Affordable Care Act. The approval of SPA TN-14-0003-MM2 includes approval for the state to utilize the model single streamlined paper and online applications developed by the Secretary.

Enclosed is a copy of the following S94 state plan pages and attachments to be incorporated within a separate section at the end of Tennessee's approved state plan:

- S94, pages S94-1 and S94-2
- Alternative Plan for Out-stationing

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Kenni Howard at kenni.howard@cms.hhs.gov or (404) 562-7413.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

CC: Elizabeth Walker

Medicaid State Plan Eligibility: Summary Page (CMS 179)

- State/Territory name:

Tennessee

- 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 14-0000

- Proposed Effective Date**

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

- Federal Statute/Regulation Citation**

42 CFR 435

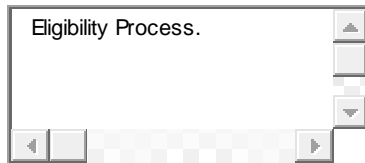
- Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

- Subject of Amendment**

Character Count: out of 2000

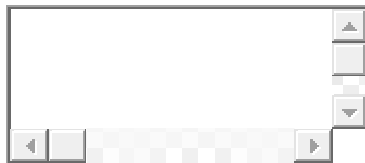
Eligibility Process.



- **Governor's Office Review**

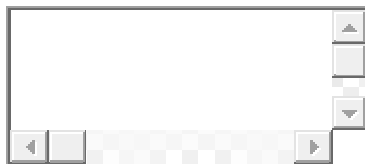
- ☒ Governor's office reported no comment
- ☒ Comments of Governor's office received

Describe:



- ☒ No reply received within 45 days of submittal
- ☒ Other, as specified

Describe:



- **Signature of State Agency Official**

- Submitted By:

Aaron Butler

- Last Revision Date: Oct 1, 2014
-
- Submit Date: Mar 24, 2014
-

General Eligibility Requirements Eligibility Process

S94

42 CFR 435, Subpart J and Subpart M

Eligibility Process

- ☒ The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- ☒ The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- ☐ An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- ☐ An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- ☐ The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- ☒ An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- ☐ Yes ☒ No



Medicaid Eligibility

- ☒ The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

- ☒ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

☐ Once every 12 months

☐ Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

- ☐ Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

☒ Once every 12 months

☐ Once every 6 months

☐ Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

- ☒ The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

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 40 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.

ALTERNATIVE PLAN FOR OUTSTATIONING
(Attachment to S94)

TRANSMITTAL NUMBER:

TN-14-0003-MM2

STATE:

Tennessee

In meeting the requirements of 42 CFR 435.904 for establishing outstation locations, the agency has established an alternative state plan in accordance with paragraph (c)(ii) of this section. The alternative outstationing plan meets the regulatory requirements as described below.

☒ Outstation locations include the following:

☒ Federally-qualified health centers:

Includes local health departments that are also FQHCs

☐ Disproportionate share hospitals:

Tennessee does not have any disproportionate share hospitals

☒ Other (please describe):

Local health department sites

Local offices of the Department of Human Services

☒ The alternative plan is equally effective as, or more effective than, a plan that would meet the requirements of 42 CFR 435.904(c)(1)(i) in enabling the individuals described on page 2 of form S94 to apply for and receive Medicaid. Please describe:

Tennessee's alternative plan not only includes outstation locations at some hospitals and federally-qualified health centers, but also utilizes community locations with 350 CACs to provide application assistance. This is a massive support structure that, combined with other state efforts such as the provision of computer kiosks in DHS offices and in-home assistance for people with disabilities, offers support to pregnant women and children, as well as other applicants. In addition, the state has a presumptive eligibility program for pregnant women, which operates through the Department of Health, and a presumptive eligibility program for newborns, which operates through hospitals and birthing centers.

☒ The level of staffing and funding committed by the state under the alternative plan equals or exceeds the level of staffing and funding that would be provided to meet the requirements of 42 CFR 435.904 in the absence of an alternative plan. Please describe:

The state employs 350 CACs to provide application assistance in local offices of the Department of Human Services (DHS). There is at least one CAC who is employed by the state in each of the 95 counties of Tennessee. The salaries for the 350 CACs employed by the state would dwarf any personnel expenditures that the state might otherwise make under the regulation as it currently exists.