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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 18-0004-MM2

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

TN - Submission Package - TN2018MS0001O - (TN-18-0004) - Eligibility

Related Actions
▼

CMS-10434 OMB 0938-1188

Package Information

Package ID	TN2018MS0001O	Submission Type	Official
Program Name	N/A	State	TN
SPA ID	TN-18-0004	Region	Atlanta, GA
Version Number	4	Package Status	Approved
Submitted By	Aaron Butler	Submission Date	10/15/2018
Package Disposition		Approval Date	6/4/2020 1:52 PM EDT
Priority Code	P2		



June 04, 2020

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
1	States must identify AI/ANs who may be eligible for cost-sharing exemptions and deductions from MAGI income, as well as special enrollment periods and cost-sharing reductions for plans on the Marketplace.	The state has indicated it will submit a change request to update the instructional text for the race question to say "Please tell us this person's race. You don't have to answer this question if you don't want to. This answer will not be used to make a decision about your coverage, but it is important if you are an American Indian or Alaskan Native and could mean you don't have copays." Please indicate whether TN intends to implement a future change to add a separate question on both the online and paper applications to ask about American Indian or Alaska Native status. This information is needed to ensure that individuals can properly identify themselves and potentially be exempt from cost sharing or eligible for special enrollment periods for Marketplace coverage.	42 CFR 447.56, 435.603e	Yes, the State added a separate question to both the online and paper applications to ask about American Indian or Alaska Native status. This change was implemented on July 28, 2019.
2	States must identify AI/ANs who may be eligible for cost-sharing exemptions and deductions from MAGI income, as well as special enrollment periods and cost-sharing reductions for plans on the Marketplace.	Please clarify whether applicants who indicate that they are American Indian/Alaska Native are asked about prior use of services or eligibility for the receipt of Indian Health Services for the purpose of Medicaid and CHIP cost sharing and whether they are asked about tribal income sources for purposes of appropriately calculating MAGI income for Medicaid/CHIP.	42 CFR 447.56	The State added a separate question to both the online and paper applications to ask about receipt of Indian Health Services. In addition, the State added "Tribal Income" as an income type for purposes of appropriately calculating MAGI income for Medicaid/CHIP. These changes were implemented on July 28, 2019.
3	Applicants may only be asked to provide information necessary to make an eligibility determination.	Please clarify how the state intends to use information on the following living arrangements: a. At Home b. Correctional Facility c. Homeless/Homeless Shelter d. Hospital e. Home and Community Based Services f. Hospice Care g. Nursing Facility/ICF	42 CFR 435.907(e)(1)	As the State has discussed with CMS in previous conversations, determining the applicant's living arrangement is necessary for the rules engine to determine eligibility for certain eligibility categories. For example, individuals with a living arrangement of "correctional facility" are not eligible in the parent/caretaker relative category. Selecting "nursing facility/ICF" or "HCBS" would prompt consideration for LTSS eligibility. Even if the applicant does not have a specific living arrangement that will impact their eligibility qualification, they will still need an option to select in the drop down, so the State has provided a comprehensive list of options.

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
4	The state must collect all information needed to conduct a MAGI determination.	<p>Please clarify how the state is collecting all appropriate information on household composition and relationships to determine MAGI eligibility under both tax filer and non-filer rules. For example, please indicate whether questions asked or logic is embedded to capture the following information:</p> <p>a. Does the individual plans to file a federal tax return or expect to be claimed as a tax dependent for the year in which coverage is sought?</p> <p>b. Does the individual not plan to file a federal tax return (or be claimed as a tax dependent) for the year in which coverage is sought? Please describe how the state will comply with 42 CFR 435.603, collecting appropriate information around tax filing status and household composition for applicants and not collecting information of non-applicants.</p> <p>c. Whether applicant spouses living outside the household. Individuals included on the application who are claimed as a dependent by someone not in the household?</p> <p>Other individuals who may be eligible under non-filer tax rules.</p>	42 CFR 435.603	The State collects all appropriate information on household composition and relationships to determine MAGI eligibility. The online and paper applications include a question regarding if an individual plans to file a federal tax return or to be claimed as a tax dependent. The online and paper applications also contain a question regarding if the applicant intends to file a tax return jointly with a spouse. The online and paper applications also include a question regarding if the applicant will be claimed as a dependent by someone outside of the household. Based on the applicant's answers to the questions about tax filing status, the State will determine if the individual should be evaluated for eligibility under filer or non-filer rules.
5	Applicants may only be asked to provide information necessary to make an eligibility determination.	Please revise the application to ensure that only individuals who are seeking coverage are asked questions about citizenship and immigration status.	42 CFR 435.907(e)(1)	The State has revised the online and paper applications to make the questions about citizenship and immigration status optional. These questions are not required for individuals who are not seeking coverage. This change was implemented on July 28, 2019.
6	The agency must provide Medicaid to otherwise eligible individuals described in 42 CFR 435.406. See additional regulatory citations for more detail.	Please update the list of immigration statuses to include all qualified non-citizens (QNC) and lawfully present statuses. For reference, see: https://www.healthcare.gov/immigrants/lawfully-present-immigrants/	42 CFR 435.406 (Medicaid and CHIP), and 45 CFR §155.2 (lawfully present non-citizen statuses for the Federally Facilitated Exchange). See full regulatory citation.	The State has updated the online application to include the specified immigration statuses. This change was implemented July 28, 2019.

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7	The agency must provide Medicaid to Citizens and Nationals of the US, and to eligible non-citizens. The agency must also verify citizenship and satisfactory immigration status through electronic service established in accordance with 42 CFR 435.949.	<p>Please update the list of immigration documents to include the full list of available types. For reference, see: https://www.healthcare.gov/immigrants/documentation/:</p> <ul style="list-style-type: none"> a. Notice of Action (I-797) b. Document indicating membership in a federally recognized Indian tribe or American Indian born in Canada c. Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR) d. Office of Refugee Resettlement (ORR) eligibility letter (if under 18) e. Alien number (also called alien registration number or USCIS number) or I-94 number <p>CMS recommends the list be revised to align with DHS list.</p>	42 CFR 435.406, 42 CFR 435.956	The State has updated the online application to include the specified document types. This change was implemented on July 28, 2019.
8	States must provide Medicaid to eligible residents of the State, including residents who are absent from the State.	The state has indicated that the question about enrollment in another state is used to determine appropriate enrollment date. Please note that an applicant's enrollment in another state cannot be used as a condition of eligibility as long as the state has verified Tennessee residency. Please remove the questions from the paper and online applications related to enrollment in another state, or clarify how else this information is used for eligibility at application.	42 CFR 435.403	This question has been removed from the online and paper applications. This change was implemented on December 15, 2019.

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
9	Applicants may only be asked to provide information necessary to make an eligibility determination.	Per 42 CFR 435.907(e)(1), applicants may only be asked to provide information necessary to make an eligibility determination. For the single, streamlined application, questions may only be asked to determine eligibility on a MAGI basis unless an individual answers yes to one of the non-MAGI screening questions. Please clarify which questions in the application are used for determination of potential eligibility on a non-MAGI basis and how these questions screen for potential eligibility. For example, the "Additional Health Care Assistance Questions" section of the online application asks whether anyone in the household has resources. Please clarify whether this is used as a non-MAGI screening question or only of those who are potentially eligible on a non-MAGI basis. Please also confirm that subsequent questions are only asked of applicants who indicate potential eligibility for Medicaid on a non-MAGI basis, based on responses to the initial screening questions.	42 CFR 435.907(e)(1)	If the applicant answers affirmatively to one of the non-MAGI screening questions, then he will be asked to provide information about resources and answer any subsequent questions. If an applicant does not answer affirmatively to any of the non-MAGI screening questions, then he will not be asked to provide information about resources.
10	Applicants may only be asked to provide information necessary to make an eligibility determination.	Specific questions around school enrollment status, beyond full-time student and age are not needed for MAGI eligibility. Please describe why these questions are needed in order to ensure compliance with 42 CFR 435.907(e)(1), which indicates that applicants may only be asked to provide information necessary to make an eligibility determination. Please clarify how information about past SSI benefits is used for determining eligibility for Medicaid.	42 CFR 435.907(e)(1)	The school enrollment status question is only asked of individuals under the age of 21. It is structured such that the state can capture both part-time and full-time enrollment statuses in one question. Part-time enrollment status is needed to determine eligibility for the Medically Needy eligibility category in Tennessee. The question about past receipt of SSI benefits has been removed. This change was implemented on March 18, 2019.

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
11	Applicants may only be asked to provide information necessary to make an eligibility determination.	<p>The state has indicated that several additional changes will be implemented through change requests. Please provide a timeline for these revisions.</p> <p>Changes to language related to the use of "family" vs. household in instructions related to Medicaid household composition.</p> <p>b. Changes to revise the current question, "Is this person a United States citizen?" to read "Is this person a United States citizen or national?"</p> <p>c. Addition of a new question asking, "Has this person received services or a referral from the Indian Health Services (IHS)?" if they select that this individual is an American Indian or Alaskan Native and answer Yes that they are a member of a federally recognized tribe.</p> <p>d. Updates to the online application to change the language for the minimum essential coverage question to match the healthcare.gov online application. It will say, "Does this health plan meet the minimum value standard?"</p> <p>e. Revisions to the paper application to remove questions related to resources.</p>	42 CFR 435.907(e)(1)	<p>a. Additional instructions on who should be included on the application were added to the paper application on 12/15/2019.</p> <p>b. The change to revise the current question, "Is this person a United States citizen?" to read "Is this person a United States citizen or national?" was implemented on 3/15/2019.</p> <p>c. The addition of the question asking, "Has this person received services or a referral from the Indian Health Services (IHS)?" if they select that this individual is an American Indian or Alaskan Native and answer Yes that they are a member of a federally recognized tribe was implemented on 7/28/2019.</p> <p>d. Currently, the healthcare.gov/glossary uses the term "minimum essential coverage" and provides a definition for Minimum Essential Coverage.</p> <p>e. The paper application includes instructions for applicants to only answer questions related to resources if they are not a child, parent/caretaker of a minor child, or pregnant woman. The paper application states, "The next set of questions below ask about your family's resources. You do not have to answer them if you think you might qualify as a pregnant woman, a child, or a caretaker of a minor child. If you choose not to answer, go to Step 4 to finish this application."</p>

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Submission Package was updated by the State in accordance with the response above

☒ Yes☐ No

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2018MS0001O | TN-18-0004

Package Header

Package ID TN2018MS0001O

SPA ID TN-18-0004

Submission Type Official

Initial Submission Date 10/15/2018

Approval Date 6/4/2020

Effective Date N/A

Superseded SPA ID N/A

State Information

State/Territory Name: Tennessee

Medicaid Agency Name: Department of Finance & Administration

Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2018MS0001O | TN-18-0004

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Approval Date	6/4/2020	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID TN-18-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	10/22/2018	TN 14-0003

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2018MS0001O | TN-18-0004

Package Header

Package ID	TN2018MS0001O	SPA ID	TN-18-0004
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Approval Date	6/4/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives In this SPA, the State indicates its election to use an alternative single, streamlined application developed by the State for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

42 CFR 435.907

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2018MS0001O | TN-18-0004

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Approval Date	6/4/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | TN2018MS0001O | TN-18-0004

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Approval Date	6/4/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- ☒ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | TN2018MS0001O | TN-18-0004

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Superseded SPA ID	N/A		

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- ☐ Yes
- ☒ No

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | TN2018MS0001O | TN-18-0004

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Submission Type	Official	Initial Submission Date	10/15/2018
Approval Date	6/4/2020	Effective Date	10/22/2018
Superseded SPA ID	TN 14-0003		
	User-Entered		

A. MAGI Paper Application


The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- ☐ 1. 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
- ☒ 2. One or more alternative single, streamlined applications 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

Name

Tennessee Paper Application

The paper application(s) has been uploaded.

Document Name	Date Created	
TennCare Paper App 20200124 FINAL Eng	3/9/2020 8:10 AM EDT	

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

Application

MEDICAID | Medicaid State Plan | Eligibility | TN2018MS0001O | TN-18-0004

Package Header

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Approval Date	6/4/2020	Effective Date	10/22/2018
Superseded SPA ID	TN 14-0003		
User-Entered			

B. MAGI Online Application






The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- ☐ 1. 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
- ☒ 2. One or more 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

Name

Tennessee Online Application

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
Immigration Status Dropdown	3/9/2020 9:00 AM EDT	
TennCareConnect_FullApplicationScreenshots_Part08	3/9/2020 8:59 AM EDT	
TennCareConnect_FullApplicationScreenshots_Part07	3/9/2020 8:59 AM EDT	
TennCareConnect_FullApplicationScreenshots_Part06	3/9/2020 8:58 AM EDT	
TennCareConnect_FullApplicationScreenshots_Part05	3/9/2020 8:58 AM EDT	
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- ☐ 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- ☐ 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | TN2018MS0001O | TN-18-0004

Package Header

Package ID	TN2018MS0001O	SPA ID	TN-18-0004
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Superseded SPA ID	TN 14-0003		
User-Entered			

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- ☐ 1. 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
- ☐ 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

Name

Tennessee Paper Application

The paper application(s) has been uploaded.

Document Name	Date Created	
TennCare Paper App 20200124 FINAL Eng	3/9/2020 9:15 AM EDT	

- ☐ 3. One or more applications used to apply for multiple human service programs
- ☐ 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | TN2018MS0001O | TN-18-0004

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	User-Entered		

D. Other than MAGI - Online Application






The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

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

Name

Tennessee Online Application

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
Immigration Status Dropdown	3/9/2020 2:52 PM EDT	
TennCareConnect_FullApplicationScreenshots_Part08	3/9/2020 2:52 PM EDT	
TennCareConnect_FullApplicationScreenshots_Part07	3/9/2020 2:51 PM EDT	
TennCareConnect_FullApplicationScreenshots_Part06	3/9/2020 2:51 PM EDT	
TennCareConnect_FullApplicationScreenshots_Part05	3/9/2020 2:50 PM EDT	
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- ☐ 3. One or more application used to apply for multiple human service programs
- ☐ 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | TN2018MS0001O | TN-18-0004

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Superseded SPA ID	TN 14-0003		
	User-Entered		

E. Additional Information (optional)

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 0938-1188. 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.

This view was generated on 6/11/2020 1:26 PM EDT

