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**State/Territory Name: Tennessee**

**State Plan Amendment (SPA) #: 21-0010**

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 - TN2020MS00020 - (TN-21-0010) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   Analyst Notes   Review Assessment Report   **Approval Letter**   Transaction Logs

News   Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
CAHPG/DMEP  
601 E. 12th Street, Room 335  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

March 23, 2022

Stephen Smith  
Director  
Division of TennCare  
310 Great Circle Road  
Nashville, TN 37243

Re: Approval of State Plan Amendment TN-21-0010


Dear Stephen Smith,

On December 29, 2021, the Centers for Medicare and Medicaid Services (CMS) received Tennessee State Plan Amendment (SPA) TN-21-0010 which proposed to add a new resource disregard to the eligibility determinations of multiple eligibility groups. TN 21-0010 proposes that, to the extent the state may not adjust the patient liability of an individual receiving Medicaid coverage for certain long-term services and supports during the COVID 19-based public health emergency, the resources such an enrollee accrues as a result will be disregarded as countable resources.

We approve Tennessee State Plan Amendment (SPA) TN-21-0010 with an effective date(s) of October 01, 2021.

If you have any questions regarding this amendment, please contact Tandra Hodges at [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov)

Sincerely,

  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

# TN - Submission Package - TN2020MS00020 - (TN-21-0010) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report Approval Letter Transaction Logs

News **Related Actions**

CMS-10434 OMB 0938-1188

## Package Information

**Package ID** TN2020MS00020

**Program Name** N/A

**SPA ID** TN-21-0010

**Version Number** 3

**Submitted By** Aaron Butler

**Package Disposition** 

**Submission Type** Official

**State** TN

**Region** Atlanta, GA

**Package Status** Approved

**Submission Date** 12/29/2021

**Approval Date** 3/23/2022 12:48 PM EDT

**Priority Code** P2

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | TN2020MS00020 | TN-21-0010

### Package Header

**Package ID** TN2020MS00020  
**Submission Type** Official  
**Approval Date** 3/23/2022  
**Superseded SPA ID** N/A

**SPA ID** TN-21-0010  
**Initial Submission Date** 12/29/2021  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** TN-21-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	10/1/2021	NEW
MAGI-Based Methodologies	10/1/2021	TN 14-0001
Non-MAGI Methodologies	10/1/2021	TN 92-7; TN 92-24
AFDC Income Standards	10/1/2021	TN 14-0005
Medically Needy Income Level	10/1/2021	TN 99-7
Handling of Excess Income (Spenddown)	10/1/2021	TN 92-7
Medically Needy Resource Level	10/1/2021	TN 92-7
Mandatory Eligibility Groups	10/1/2021	NEW
Infants and Children under Age 19	10/1/2021	TN 14-0005
Parents and Other Caretaker Relatives	10/1/2021	TN 14-0005
Pregnant Women	10/1/2021	TN 16-0002
Deemed Newborns	10/1/2021	TN 92-23
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	10/1/2021	TN 92-6
Former Foster Care Children	10/1/2021	TN 14-0005
Transitional Medical Assistance	10/1/2021	TN 16-0001
Extended Medicaid due to Spousal Support Collections	10/1/2021	TN 92-6
SSI Beneficiaries	10/1/2021	TN 92-23; TN 92-6
Closed Eligibility Groups	10/1/2021	TN 92-6
Individuals Deemed To Be Receiving SSI	10/1/2021	TN 92-6; TN 92-20
Working Individuals under 1619(b)	10/1/2021	TN 92-6
Qualified Medicare Beneficiaries	10/1/2021	TN 10-001
Qualified Disabled and Working Individuals	10/1/2021	TN 10-001
Specified Low Income Medicare Beneficiaries	10/1/2021	TN 10-001
Qualifying Individuals	10/1/2021	TN 10-001
Optional Eligibility Groups	10/1/2021	NEW
Children with Non-IV-E Adoption Assistance	10/1/2021	TN 14-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Individuals Needing Treatment for Breast or Cervical Cancer	10/1/2021	TN 2002-3
Individuals Eligible for Cash Except for Institutionalization	10/1/2021	TN 94-1
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	10/1/2021	TN 11-014
Individuals in Institutions Eligible under a Special Income Level	10/1/2021	TN 92-6
PACE Participants	10/1/2021	TN 11-014
Medically Needy Pregnant Women	10/1/2021	TN 92-6
Medically Needy Children under Age 18	10/1/2021	TN 92-6
Medically Needy Reasonable Classifications of Individuals under Age 21	10/1/2021	TN 92-6

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

Attachment 2.2-A, pages 1 through 23a, Item B.20 on page 23b, and pages 24 through 26.

Notwithstanding any other provisions of the Medicaid State Plan, MAGI and non-MAGI financial eligibility methodologies will be applied as described in SPA TN 21-0010.

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** SPA TN 21-0010 adjusts the state's patient liability policies by disregarding resources that an enrollee accrues as a result of the state's inability to adjust patient liability amounts during the COVID-19 public health emergency for a period of 12 months following the end of the emergency. SPA TN 21-0010 establishes an income disregard for individuals receiving HCBS waiver services under institutional rules.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

#### Federal Statute / Regulation Citation

42 CFR 435

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

### Package Header

**Package ID** TN2020MS0002O  
**Submission Type** Official  
**Approval Date** 3/23/2022  
**Superseded SPA ID** N/A

**SPA ID** TN-21-0010  
**Initial Submission Date** 12/29/2021  
**Effective Date** N/A

### Governor's Office Review

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



# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

#### A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 16 4 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability including SSI beneficiaries to file a separate Medicaid application and determines financial eligibility using income and resource methodologies more restrictive than SSI.

#### B. Additional information (optional)

# Medicaid State Plan Eligibility

## MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1 / 9 / 0 1
<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 14-0001		
	System-Derived		

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

### A. Household Composition

- In determining family size for the eligibility determination of a pregnant woman she is counted as herself plus each of the children she is expected to deliver  
In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman
  - a. The pregnant woman is counted just as herself.
  - b. The pregnant woman is counted as herself plus one
  - c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
- In establishing household composition under the rules for non-filers set forth at 42 CFR 435.603(f)(3), the state elects the following age for children:
  - a. Age 19
  - b. Age 19, or in the case of full-time students, age 21

# MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 14-0001		
	System-Derived		

## B. Household Income

**Financial eligibility is determined consistent with the following provisions:**

- When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
- When determining eligibility for current beneficiaries, financial eligibility is based on:
  - Current monthly household income and family size
  - Projected annual household income and family size for the remaining months of the current calendar year.
- In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:  
 Yes  No
- MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.
- Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.
- In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.
- Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.  
 Yes  No

**The state uses a specific nominal amount and frequency.**

- Yes  No

**a. The amount of the nominal amount is:**

\$30.00

**b. Frequency of the nominal amount:**

- i. Weekly  
 ii. Bi-weekly  
 iii. Monthly  
 iv. Quarterly  
 v. Yearly

**c. Explanation: optional**

## MAGI Based Methodologies

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 14-0001 System-Derived		

### C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

### D. Additional Information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 92-7; TN 92-24		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

#### A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

#### B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes  
 No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.



# Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 92-7; TN 92-24		
	User-Entered		

## C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

# Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 92-7; TN 92-24		
	User-Entered		

## D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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<b>Superseded SPA ID</b>	TN 92-7; TN 92-24		
	User-Entered		

### E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No



## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

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<b>Superseded SPA ID</b>	TN 92-7; TN 92-24		
	User-Entered		

### F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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<b>Superseded SPA ID</b>	TN 92-7; TN 92-24 User-Entered		

### G. Additional Information (optional)

# Medicaid State Plan Eligibility

## AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 14-0005		
	System-Derived		

### A. MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

#### Statewide standard

The statewide standard is:

Household size	Standard
1	\$104.00
2	\$153.00
3	\$198.00
4	\$240.00
5	\$281.00
6	\$324.00
7	\$367.00
8	\$410.00
9	\$453.00
10	\$495.00
11	\$539.00
12	\$580.00
13	\$623.00
14	\$666.00
15	\$709.00
16	\$752.00
17	\$793.00
18	\$836.00
19	\$879.00
20	\$921.00

The state uses an additional incremental amount for larger household sizes.

Yes  No

The dollar amounts increase automatically each year

Yes  No

# AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

**Package ID** TN2020MS0002O  
**Submission Type** Official  
**Approval Date** 3/23/2022  
**Superseded SPA ID** TN 14-0005  
System-Derived

**SPA ID** TN-21-0010  
**Initial Submission Date** 12/29/2021  
**Effective Date** 10/1/2021

## B. AFDC Payment Standard in Effect As of July 16, 1996

### Statewide standard

The statewide standard is:

Household size	Standard
1	\$95.00
2	\$142.00
3	\$185.00
4	\$226.00
5	\$264.00
6	\$305.00
7	\$345.00
8	\$386.00
9	\$425.00
10	\$467.00
11	\$508.00
12	\$549.00
13	\$589.00
14	\$630.00
15	\$670.00
16	\$711.00
17	\$750.00
18	\$790.00
19	\$831.00
20	\$871.00

The state uses an additional incremental amount for larger household sizes.

Yes  No

The dollar amounts increase automatically each year

Yes  No

# AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

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<b>Superseded SPA ID</b>	TN 14-0005		
	System-Derived		

## C. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

### Statewide standard

The statewide standard is:

Household size	Standard
1	\$119.00
2	\$174.00
3	\$225.00
4	\$274.00
5	\$321.00
6	\$370.00
7	\$418.00
8	\$467.00
9	\$515.00
10	\$565.00
11	\$614.00
12	\$663.00
13	\$712.00
14	\$761.00
15	\$809.00
16	\$858.00
17	\$905.00
18	\$954.00
19	\$1003.00
20	\$1051.00

The state uses an additional incremental amount for larger household sizes.

Yes  No

The dollar amounts increase automatically each year

Yes  No

# AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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## D. AFDC Need Standard in Effect As of July 16, 1996

## AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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	System-Derived		

**E. AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.**

## AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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	System-Derived		

**F. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.**



# AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

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## G. TANF payment standard

### Statewide standard

The statewide standard is:

Household size	Standard
1	\$696.00
2	\$896.00
3	\$1066.00
4	\$1211.00
5	\$1335.00
6	\$1441.00
7	\$1534.00
8	\$1617.00
9	\$1691.00
10	\$1760.00
11	\$1824.00
12	\$1885.00
13	\$1944.00
14	\$2001.00
15	\$2055.00
16	\$2107.00
17	\$2155.00
18	\$2197.00
19	\$2232.00
20	\$2257.00

The state uses an additional incremental amount for larger household sizes.

Yes  No

The dollar amounts increase automatically each year

Yes  No

# AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

**Package ID** TN2020MS0002O  
**Submission Type** Official  
**Approval Date** 3/23/2022  
**Superseded SPA ID** TN 14-0005  
System-Derived

**SPA ID** TN-21-0010  
**Initial Submission Date** 12/29/2021  
**Effective Date** 10/1/2021

## H. MAGI-equivalent TANF payment standard

### Statewide standard

The statewide standard is:

Household size	Standard
1	\$1018.00
2	\$1329.00
3	\$1611.00
4	\$1867.00
5	\$2102.00
6	\$2320.00
7	\$2524.00
8	\$2718.00
9	\$2903.00
10	\$3084.00
11	\$3259.00
12	\$3431.00
13	\$3601.00
14	\$3770.00
15	\$3935.00
16	\$4098.00
17	\$4257.00
18	\$4411.00
19	\$4557.00
20	\$4693.00

The state uses an additional incremental amount for larger household sizes.

Yes  No

The dollar amounts increase automatically each year

Yes  No

# AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 14-0005		
	System-Derived		

## I. Additional Information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 99-7		
	User-Entered		

#### A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

- Yes  
 No

3. The level used is:

Household size	Standard
1	\$241.00
2	\$258.00
3	\$317.00
4	\$325.00
5	\$392.00
6	\$408.00
7	\$467.00
8	\$517.00
9	\$567.00
10	\$625.00
11	\$683.00
12	\$733.00
13	\$792.00
14	\$842.00
15	\$900.00
16	\$950.00
17	\$1000.00
18	\$1058.00
19	\$1108.00
20	\$1167.00

**The state uses an additional incremental amount for larger household sizes.**

- Yes  
 No

**The dollar amounts increase automatically each year**

- Yes  
 No

# Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 99-7		
	User-Entered		

## B. Basis for Income Level

### 1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

### 2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

# Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
<b>Approval Date</b>	/ / 0	<b>Effective Date</b>	10/1/ 0 1
<b>uperseded PA ID</b>	TN 99 7		
	User-Entered		

## C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
<b>Approval Date</b>	/ / 0	<b>Effective Date</b>	10/1/ 0 1
<b>Superseded PA ID</b>	TN 9 7		
	User-Entered		

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

#### A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months

1 In determining income eligibility countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
  - i. 6 months
  - ii. months
  - iii. 4 months
  - iv. 3 months
  - v. 2 months
  - vi. 1 month
- b. More than one budget period, as described below:

The state includes part or all of the retroactive period in the budget period

- Yes
- No

## Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
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<b>Superseded SPA ID</b>	TN 92-7		
	User-Entered		

### B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

Yes

No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.



# Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 92-7		
	User-Entered		

## C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
  - i. At any time prior to the budget period.
  - ii. Prior to the third month before the month of application, but no earlier than:
  - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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### D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

1. By the type of service, in the following order:
  - a. Premiums, deductibles, coinsurance and co-payments.
  - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
  - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
  - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
2. In chronological order by the date of the service, or the date cost sharing payments are due.
3. In chronological order by the date the bill is submitted to the state by the individual.

## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

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	User-Entered		

### E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

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**Initial Submission Date** 12/29/2021

**Effective Date** 10/1/2021

### F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

Yes

No

## Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

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### G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Income/Resource Standards

### Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 92-7		
	User-Entered		

#### A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

# Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

**Package ID** TN2020MS00020  
**Submission Type** Official  
**Approval Date** 3/23/2022  
**Superseded SPA ID** TN 92-7  
User-Entered

**SPA ID** TN-21-0010  
**Initial Submission Date** 12/29/2021  
**Effective Date** 10/1/2021

## B. Resource Level Used

The level used is:

Household size	Standard
1	\$2000.00
2	\$3000.00
3	\$3100.00
4	\$3200.00
5	\$3300.00
6	\$3400.00
7	\$3500.00
8	\$3600.00
9	\$3700.00
10	\$3800.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

**Incremental Amount:**  
\$100.00

## Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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### C. Additional Information (optional)



# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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<b>Superseded SPA ID</b>	NEW		
	User-Entered		

### Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Former Foster Care Children		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package <small>?</small>	Included in Another Submission Package	Source Type <small>?</small>
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	NEW		
	User-Entered		

**B. The state elects the Adult Group, described at 42 CFR 435.119.**

Yes  No

**C. Additional Information (optional)**

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Infants and children under age 19 with household income at or below standards established by the state based on age group.

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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	System-Derived		

The state covers the mandatory infants and children under age 19 group in accordance with the following provisions:

#### A. Characteristics

Children qualifying under this eligibility group must meet the following criteria:

1. Are under age 19
2. Have household income at or below the standard established by the state.

#### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

#### C. Income Standards Used

- |   |                    |
|---|--------------------|
| <b>1. The amount of the income standard for infants under age one is:</b>             | <b>FPL</b> 195.00% |
| <b>2. The amount of the income standard for children age one through five is:</b>     | <b>FPL</b> 142.00% |
| <b>3. The amount of the income standard for children age six through eighteen is:</b> | <b>FPL</b> 133.00% |

# Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## D. Basis for the Income Standard for Infants under Age 1

### 1. Minimum income standard

a. The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

Yes  No

b. The minimum income standard for infants under age one is 133% FPL.

### 2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

#### b. The state's maximum income standard for this age group is:

- i. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

**c. The amount of the maximum income standard is:**

**FPL** 195.00%



# Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

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## E. Basis for the Income Standard for Children Age One through Age Five

### 1. Minimum income standard

The minimum income standard used for this age group is 133% FPL.

### 2. Maximum income standard

- a. The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

#### b. The state's maximum income standard for this age group is:

- i. The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 133% FPL

#### c. The amount of the maximum income standard is:

**FPL** 142.00%

## F. Basis for the Income Standard for Children Age Six through Age Eighteen

### 1. Minimum income standard

The minimum income standard used for this age group is 133% FPL.

### 2. Maximum income standard

- a. The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

#### b. The state's maximum income standard for this age group is:

- i. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 133% FPL

# Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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## G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

#### Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 14-0005		
	System-Derived		

The state covers the mandatory parents and other caretaker relatives group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

- a. This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.
- b. Options relating to the definition of caretaker relative:
- c. Options relating to the definition of dependent child:
  - i. The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.
  - ii. The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

2. Have household income at or below the standard established by the state.



## Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 14-0005		
	System-Derived		

### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

### C. Income Standard Used

1. The income standard for this group is based on a percentage of the federal poverty level.

- Yes  
 No

2. The state uses the following income standard for this group:

- g. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.

# Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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	System-Derived		

## D. Basis for Income Standard

### 1. Minimum Income Standard

a. The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.

b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

### 2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ii. The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- iii. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- iv. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

c. The amount of the maximum income standard is:

- i. A percentage of the federal poverty level:
- ii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- iii. The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- iv. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- v. Other dollar amount

## Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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	System-Derived		

### E. Additional Information (optional)

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 16-0002		
	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

### A. Characteristics

- Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
- Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

Yes

No

### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to [MAGI-Based Methodologies](#), completed by the state.

### C. Income Standard Used

The state uses the following income standard for this group:

**FPL** 195.00%

## Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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<b>Superseded SPA ID</b>	TN 16-0002		
	System-Derived		

### D. Benefits for Pregnant Women

**Benefits for individuals in this eligibility group consist of the following:**

1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.



# Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 16-0002		
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## E. Basis for Pregnant Women Income Standard

### 1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- Yes
- No

b. The minimum income standard for this eligibility group is 133% FPL.

### 2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

**b. The state's maximum income standard for this eligibility group is:**

- i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

**c. The amount of the maximum income standard is:**

**FPL** 195.00%

## G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Deemed Newborns

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Children born to women covered under Medicaid or a separate CHIP program for the date of the child's birth, who are deemed eligible for Medicaid without application until the child turns one.

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 92-23		
	User-Entered		

The state covers the mandatory deemed newborns group in accordance with the following provisions:

### A. Characteristics

1. A child qualifies under this group provided the birth mother meets one of the following requirements for the date of the child's birth:
  - a. Was covered under any eligibility group in the Medicaid state plan, including during a period of retroactive eligibility or coverage of emergency services as defined in section 1903(v)(3) of the Act; or
  - b. Was covered as a targeted low-income pregnant woman under the state's CHIP state plan (if the state elected the option in CHIP), with household income at or below the income standard established by the state for infants under age one in the infants and children under age 19 eligibility group (42 CFR 435.118).
2. Individuals may not be required to file an application for this group.

# Deemed Newborns

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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## B. Optional Individuals Covered

1. In addition to the children described in A., the state extends coverage to other newborns. \*

- Yes
- No

## Deemed Newborns

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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	User-Entered		

### C. Financial Methodologies

When eligibility for the newborn is based on the birth mother's CHIP eligibility or on the birth mother's eligibility under an 1115 demonstration, MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

### D. Period of Eligibility

1. The period of eligibility extends from the date of the child's birth until the child's first birthday.
2. The period of eligibility is not impacted by changes in household income or household composition.



## Deemed Newborns

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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### E. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance maintenance payments are made under Title IV-E of the Act.

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 92-6		
	User-Entered		

The state covers the mandatory children with Title IV-E adoption assistance, foster care or guardianship care group in accordance with the following provisions:

#### A. Characteristics

- Individuals qualifying under this eligibility group must meet one of the following criteria:
  - An adoption assistance agreement is in effect for the individual with any state or Tribe under title IV-E of the Act, regardless of whether adoption assistance is being provided or an interlocutory or other judicial decree of adoption has been issued; or
  - Foster care or kinship guardian assistance maintenance payments are being made by a state or Tribe under Title IV-E of the Act.
- The upper age limit for eligibility under this group is determined by the terms of the adoption assistance agreement or the terms of the foster care or kinship guardianship assistance maintenance payments, as established by the IV-E plan of the state or Tribe that established the agreement or is making the payments.
- Individuals may not be required to file an application for this group.

# Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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## B. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and foster care when they turned age 18 or aged out of foster care.

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 14-0005		
	User-Entered		

The state covers the mandatory former foster care children group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 26
2. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group

### B. Individuals Covered

**1. The state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) and were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act.**

**2. Additionally, the state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:**

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

## Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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### C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Families with Medicaid eligibility extended for up to 12 months because of earnings.

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 16-0001		
	User-Entered		

The state covers the mandatory transitional medical assistance group in accordance with the following provisions:

### A. Characteristics

1. An individual qualifying under this eligibility group must meet one of the following criteria:

- a. Lost coverage under the parents and other caretaker relatives group (42 CFR 435.110) due to work hours or income from employment, or
- b. Is the child of a parent or caretaker relative described in A.1.a.

2. In accordance with the requirements described in section 1925 of the Act, and in this reviewable unit, the state provides extended Medicaid eligibility, as follows:

- a. The initial extended eligibility period is for 6 months, followed by a second extended eligibility period of 6 months.
- b. The initial extended eligibility period is for 12 months, with no second extended eligibility period.

# Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
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## B. Individuals Covered

### 1. Parents or other caretaker relatives

a. A parent or other caretaker relative must meet the following criteria to qualify for an initial extended eligibility period:

i. Was eligible and enrolled in the parents and other caretaker relatives eligibility group, during the six months immediately preceding the month that eligibility was lost, for at least:

- (1) 1 month
- (2) 2 months
- (3) 3 months

ii. Lost eligibility under the parents and other caretaker relatives eligibility group because:

(1) The earnings of a parent or caretaker relative caused household income to exceed the income standard of that group; or

(2) The hours of employment of a parent or caretaker relative resulted in the individual no longer being considered to have a dependent child (as described in 42 CFR 435.4 and the Parents and Other Caretaker Relatives RU).

iii. Continues to live with a child.

### 2. A child qualifying under this eligibility group must meet all of the following requirements:

a. Lives with a parent or other caretaker relative who is eligible under this eligibility group.

b. Is not eligible for the infants and children under age 19 eligibility group (42 CFR 435.118).

# Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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## C. Initial Extended Eligibility Period

### 1. Income/Resource Standard Used

There is no income or resource standard.

### 2. Medical Assistance Provided

- a. The amount, duration, and scope of coverage provided is the same as that provided to parents and caretaker relatives enrolled in the parents and other caretaker relatives eligibility group and to children enrolled in the eligibility group for infants and children under age 19.
- b. The state's election to provide premium assistance for employer sponsored coverage is described in the benefits section of the state plan.

### 3. Termination of Extension

- a. If the family ceases to include a child, the initial extension of eligibility will end prior to the scheduled end date. In such cases, eligibility is terminated at the close of the first month in which the family no longer includes a child.
- b. Termination of eligibility will occur in accordance with all requirements described in the Eligibility Process RU.



# Transitional Medical Assistance

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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	User-Entered		

## F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Extended Medicaid due to Spousal Support Collections

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Families with Medicaid eligibility extended for 4 months as the result of the collection of spousal support.

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 92-6		
	User-Entered		

The state covers the mandatory extended Medicaid due to spousal support collections group in accordance with the following provisions:

#### A. Characteristics

- Parents or other caretaker relatives qualifying under this eligibility group must meet the following criteria:
  - The individual must have lost eligibility under the parents and other caretaker relatives eligibility group (42 CFR 435.110) because the household's income exceeds the income standard due to increased collection of spousal support under Title IV-D of the Act.
  - The individual was covered under the parents and other caretaker relatives eligibility group (42 CFR 435.110) for at least three months out of the six months immediately preceding the month that eligibility was lost.
- Dependent children qualify under this group if and when they lose eligibility for the infants and children under age 19 eligibility group (42 CFR 435.118) during their parents or caretaker relative's extended period of eligibility under this group.

#### B. Period of Extension

The extended eligibility period is four months.

# Extended Medicaid due to Spousal Support Collections

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### SSI Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Individuals who are age 65 or older, or who have blindness or disability, who receive SSI.

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 92-23; TN 92-6 User-Entered		

The state covers the mandatory SSI beneficiaries group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must be receiving SSI, including:

1. Receiving SSI pending a final determination of blindness or disability;
2. Receiving SSI under an agreement with the Social Security Administration to dispose of resources that exceed the SSI dollar limits on resources; or
3. Receiving SSI benefits under section 1619(a) of the Act.

## SSI Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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### B. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Certain individuals who were eligible in the 1970s and 1980s and continue to qualify under specified requirements.

### Package Header

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The state covers mandatory individuals who were previously eligible for Medicaid in the 1970s or 1980s and continue to meet the eligibility requirements. These individuals are described in one or more of the following sections A through F.

### A. Individuals Receiving Mandatory State Supplements

Individuals qualifying under this eligibility group must be receiving mandatory state supplements.

## Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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### B. Individuals Who Are Essential Spouses

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. In December, 1973 were eligible for Medicaid as essential spouses;
2. Have continued to live with and be essential to the well-being of an individual who continues to meet the eligibility requirements for one of the cash assistance programs under OAA, AB, APTD, or AABD; and
3. Continue to meet the December, 1973 criteria that applied in determining the amount of the cash payment.

## Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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### C. Institutionalized Individuals Continuously Eligible Since 1973

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Were eligible for Medicaid in December, 1973 as inpatients of medical institutions or residents of intermediate care facilities participating in Medicaid;
2. For each consecutive month after December, 1973, continue to meet the requirements for Medicaid eligibility in effect under the state plan in December, 1973 for institutionalized individuals, and remain institutionalized; and
3. Are determined by the state or a professional standards review organization to continue to need institutional care.



## Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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### D. Individuals Eligible in 1973 Who Have Blindness or a Disability

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Meet all the current Medicaid eligibility requirements, except for blindness and disability;
2. Were eligible for Medicaid in December, 1973 as blind or disabled; and
3. Continue to meet the December, 1973 criteria for Medicaid.

## Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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### E. Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972

Individuals qualifying under this eligibility group must meet the following criteria:

1. Were entitled to and receiving cash assistance in August, 1972, or would have been eligible had they applied or not been institutionalized (and the state covered these optional groups); and
2. Would currently be eligible for SSI or state supplement, except for the increase in OASDI under Public Law No. 92-336.

## Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
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## F. Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI

1. Individuals qualifying under this eligibility group must meet all of the following criteria:

- Are disabled widows or widowers who are deemed to be SSI or state supplement beneficiaries.
- Became ineligible for SSI or state supplement as a result of the elimination of the reduction factor required by section 134 of Public. Law No. 98-21.
- Would be eligible for SSI or state supplement, except for the increase under Public Law No. 98-21 and subsequent cost-of-living increases in widow's or widower's benefits under section 215(i) of the Act.
- Filed a written application for Medicaid on or before June 30, 1988.

2. Individuals receiving only state supplement qualify for this group.

- Yes  
 No

- a. The state does not make state supplementary payments.  
 b. The state does make state supplement payments but has elected not to provide Medicaid eligibility on the basis of the receipt of such optional state supplement.

3. SSI Methodologies are used in calculating household income.

## Closed Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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### G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Individuals Deemed To Be Receiving SSI

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Individuals who would be eligible for SSI, but for certain OASDI increases.

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 92-6; TN 92-20		
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The state covers mandatory individuals who would be eligible for SSI, but for an increase related to Social Security, in accordance with the following provisions:

#### A. Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increases Since April, 1977

1. Individuals qualifying under this eligibility group must meet all of the following criteria:

- Currently receive OASDI benefits;
- Received SSI or state supplement in the past but became ineligible for these payments after April, 1977; and
- Would still be eligible for SSI or state supplement if the amount of OASDI cost-of-living increases paid under section 215(j) of the Act since the individual lost SSI or state supplement were deducted from current OASDI benefits.

2. Individuals receiving only state supplement qualify for this group.

Yes

No

- The state does not make state supplementary payments.
- The state does make state supplement payments but has elected not to provide Medicaid eligibility on the basis of the receipt of such optional state supplement.

# Individuals Deemed To Be Receiving SSI

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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<b>Superseded SPA ID</b>	TN 92-6; TN 92-20		
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## B. Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security

1. Individuals qualifying under this eligibility group must be widows or widowers with a disability who meet all of the following criteria:

- a. Are at least age 60;
- b. Are not entitled to hospital insurance benefits under Medicare Part A; and
- c. Become ineligible for SSI or state supplement because of mandatory application (under section 1611(e)(2)) for and receipt of widow's or widower's social security disability benefits under section 202(e) or (f) of the Act.

2. Individuals receiving only state supplement qualify for this group.

Yes

No

- a. The state does not make state supplementary payments.
- b. The state does make state supplement payments but has elected not to provide Medicaid eligibility on the basis of the receipt of such optional state supplement.

# Individuals Deemed To Be Receiving SSI

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## C. Adult Children with Disabilities

Individuals qualifying under this eligibility group must meet the following criteria:

1. Had blindness or a disability before the age of 22;
2. Are at least age 18;
3. Lost eligibility for SSI because they became entitled, based on their disability or blindness, to OASDI child's benefits under section 202(d) of the Act, or because they received an increase to those benefits;
4. Would be eligible for SSI, if not for their OASDI benefits or the increase in those benefits.

# Individuals Deemed To Be Receiving SSI

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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## D. Financial Methodologies

SSI methodologies are used in calculating household income.



# Individuals Deemed To Be Receiving SSI

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 92-6; TN 92-20		
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## E. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Working Individuals under 1619(b)

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Individuals who have blindness or a disability who participated in Medicaid as SSI beneficiaries or who were considered to be receiving SSI, who would still qualify for SSI except for earnings.

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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The state covers the working individuals under 1619(b) mandatory eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. In the month preceding the month of qualification under this group:
  - a. Received SSI or state supplement; and
  - b. Were eligible for Medicaid under the state plan.
2. Continue to have blindness or a disability.
3. Continue to meet all non-disability-related requirements for eligibility for SSI or state supplement.
4. Would qualify for SSI or State Supplement, except for earned income.
5. For whom the loss of eligibility for Medicaid would seriously inhibit the individual's ability to continue or obtain employment.
6. For whom the individual's earnings are not sufficient to provide a reasonable equivalent of SSI (including state supplement), Medicaid, and publicly funded attendant care services.

## Working Individuals under 1619(b)

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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### B. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

### Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 10-001		
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The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

**Package ID** TN2020MS0002O  
**Submission Type** Official  
**Approval Date** 3/23/2022  
**Superseded SPA ID** TN 10-001  
User-Entered

**SPA ID** TN-21-0010  
**Initial Submission Date** 12/29/2021  
**Effective Date** 10/1/2021

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Dependent child disregard	<p>An amount per month per child will be disregarded from the QMB applicant/recipient's countable income in situations where minor dependent children, under age 21, live in the home with the QMB applicant/recipient.</p> <p>The amount of this disregard will be reasonably related to the difference between the poverty level income standard for each family size.</p>

Census Bureau wages are disregarded.

**Description of disregard:** All wages paid by the Census Bureau for temporary employment activities in connection with the full Census that occurs every 10 years are excluded.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
Income producing business/non-business resources	<p>All of the individual's equity value in business/non-business resources used to produce income is excluded as a resource.</p> <p>Business/Non-Business Resources are defined as land, buildings, equipment, supplies, inventory, tools of a tradesperson, livestock of a farmer, cash on hand, accounts receivable, etc. which are used in the person's trade or business, or in the employment of a family member or by the individual as an employee.</p>

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource eligibility by month	The individual/couple whose countable resources are valued at or below the resource limit at any time during the month meet resource eligibility throughout the entire month.

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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### C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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### F. Additional Information (optional)



# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualified Disabled and Working Individuals

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Working individuals with a disability, with income equal to or less than 200% of the FPL, who are entitled to Medicare Part A under section 1818A, and who qualify for payment of Medicare Part A premiums.

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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The state covers the mandatory qualified disabled and working individuals group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to purchase a premium to enroll for hospital insurance benefits under part A of title XVIII (Medicare Part A) pursuant to section 1818A (hospital insurance benefits for disabled individuals who have exhausted other entitlement).
2. Have income and resources at or below the standard for this group.
3. Are not otherwise eligible for medical assistance.

#### B. Financial Methodologies

SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

#### C. Income Standard Used

The amount of the income standard for this group is 200% FPL.

#### D. Resource Standard Used

The resource standard is two times the standard used in the SSI program.

#### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part A premiums.

## Qualified Disabled and Working Individuals

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

**Package ID** TN2020MS0002O  
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**SPA ID** TN-21-0010  
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**Effective Date** 10/1/2021

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Dependent child disregard	<p>An amount per month per child will be disregarded from the SLMB applicant/recipient's countable income in situations where minor dependent children, under age 21, live in the home with the SLMB applicant/recipient.</p> <p>The amount of this disregard will be reasonably related to the difference between the poverty level income standard for each family size.</p>

Census Bureau wages are disregarded.

**Description of disregard:** All wages paid by the Census Bureau for temporary employment activities in connection with the full Census that occurs every 10 years are excluded.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
Income producing business/non-business resources	<p>All of the individual's equity value in business/non-business resources used to produce income is excluded as a resource.</p> <p>Business/Non-Business Resources are defined as land, buildings, equipment, supplies, inventory, tools of a tradesperson, livestock of a farmer, cash on hand, accounts receivable, etc. which are used in the person's trade or business, or in the employment of a family member or by the individual as an employee.</p>

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource eligibility by month	The individual/couple whose countable resources are valued at or below the resource limit at any time during the month meet resource eligibility throughout the entire month.

## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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### C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

# Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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## F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

### Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
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The state covers the mandatory qualifying individuals group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.



# Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

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## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Dependent child disregard	<p>An amount per month per child will be disregarded from the QI applicant/recipient's countable income in situations where minor dependent children, under age 21, live in the home with the QI applicant/recipient.</p> <p>The amount of this disregard will be reasonably related to the difference between the poverty level income standard for each family size.</p>

Census Bureau wages are disregarded.

**Description of disregard:** All wages paid by the Census Bureau for temporary employment activities in connection with the full Census that occurs every 10 years are excluded.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
Income producing business/non-business resources	<p>All of the individual's equity value in business/non-business resources used to produce income is excluded as a resource.</p> <p>Business/Non-Business Resources are defined as land, buildings, equipment, supplies, inventory, tools of a tradesperson, livestock of a farmer, cash on hand, accounts receivable, etc. which are used in the person's trade or business, or in the employment of a family member or by the individual as an employee.</p>

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource eligibility by month	The individual/couple whose countable resources are valued at or below the resource limit at any time during the month meet resource eligibility throughout the entire month.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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	User-Entered		

### C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	NEW		
	User-Entered		

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes  No

















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

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	User-Entered		

## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

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<b>Superseded SPA ID</b>	NEW		
	User-Entered		

### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A



# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

Children with special needs for medical or rehabilitative care for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid immediately before the adoption agreement was executed, or who had income at that point in time at or below a standard established by the state .

#### Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 14-0005		
	System-Derived		

The state covers the children with non IV-E adoption assistance group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21 or a lower age, as specified in C.
2. Have a state adoption assistance agreement in effect between the adoptive parent(s) and a state.
3. The state adoption agency has determined that they cannot be placed for adoption without Medicaid coverage because of special needs for medical or rehabilitative care.
4. Immediately prior to execution of the adoption agreement, were eligible under the Medicaid state plan of the state with the adoption assistance agreement or, at the state's option, immediately prior to execution of the adoption agreement had income no more than the income standard (which could be no income test) specified in Section D.
5. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

#### B. Financial Methodologies

When income is considered, MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

# Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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<b>Superseded SPA ID</b>	TN 14-0005		
	System-Derived		

## C. Individuals Covered

1. The state covers all children under a specified age limit for whom there is an adoption assistance agreement in place from any state.

- Yes
- No

a. The age of children covered under this eligibility group is.

- i. Under age 21
- ii. Under age 20
- iii. Under age 19
- iv. Under age 18

b. In addition, the state covers reasonable classifications of children.

- Yes
- No

# Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

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	System-Derived		

## D. Income Standard Used

1. The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- Yes
- No

2. The state used an income standard or disregarded all income for this group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- Yes
- No

3. The state does not use an income standard or disregard all income for this group.

# Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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<b>Superseded SPA ID</b>	TN 14-0005		
	System-Derived		

## F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 2002-3		
	User-Entered		

The state operates the optional Individuals Needing Treatment for Breast or Cervical Cancer eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals (including women and men) qualifying under this eligibility group must meet the following criteria:

1. Are under the age of 65.
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.
3. Have been screened under the Centers for Disease Control and Prevention (CDC) Breast and Cervical Cancer Early Detection Program.
4. As a result of the screening, a determination has been made that the individual needs treatment for breast or cervical cancer, as defined at 42 CFR 435.213(c).
5. Do not otherwise have creditable coverage for treatment of breast or cervical cancer.

# Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 2002-3		
	User-Entered		

## B. Financial Methodologies

This eligibility group has no income or resource test.

# Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 2002-3		
	User-Entered		

## C. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 94-1		
	User-Entered		

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are in a medical institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
  - a. SSI
  - b. Optional State Supplement
  - c. AFDC



# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 94-1		
	User-Entered		

## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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	User-Entered		

## C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:

- a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** All wages paid by the Census Bureau for temporary employment activities in connection with the full Census that occurs every 10 years are excluded.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
Income producing business/non-business resources	<p>All of the individual's equity value in business/non-business resources used to produce income is excluded as a resource.</p> <p>Business/Non-Business Resources are defined as land, buildings, equipment, supplies, inventory, tools of a tradesperson, livestock of a farmer, cash on hand, accounts receivable, etc. which are used in the person's trade or business, or in the employment of a family member or by the individual as an employee.</p>

Name of resource type:	Description:
Resources accrued during the COVID-19 public health emergency	To the extent that CMS advises states that they may not increase an individual's patient liability amount under the post-eligibility treatment of income rules under 42 CFR 435.725 and 435.733 and continue to receive the enhanced FMAP provided under Section 6008 of Families First Coronavirus Response Act, the state will disregard any resources that a recipient accrues as a result of the state's inability to adjust patient liability during the COVID-19 public health emergency for a period of 12 months following the end of the emergency.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Resource eligibility by month	The individual/couple whose countable resources are valued at or below the resource limit at any time during the month meet resource eligibility throughout the entire month.

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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	User-Entered		

## D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

## E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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	User-Entered		

## F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

#### Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 11-014		
	User-Entered		

The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
  - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
  - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.

# Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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User-Entered

## B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

**2. Less restrictive methodologies are used in calculating countable income.**

Yes

No

The less restrictive income methodologies are:

The following less restrictive methodologies are used:

Name of methodology	Description
Earned income disregard	Earned income up to 250 percent FPL is disregarded.

**3. Less restrictive methodologies are used in calculating countable resources.**

Yes

No

# Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Approval Date</b>	/ / 0	<b>Effective Date</b>	10/1/ 0 1
<b>Superseded SPA ID</b>	TN 11-014		
	User-Entered		

## C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.



# Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN 21 0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## D. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

#### Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 92-6		
	User-Entered		

The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

#### A. Characteristics

**Individuals qualifying under this eligibility group must meet the following criteria:**

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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<b>Superseded SPA ID</b>	TN 92-6		
	User-Entered		

## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes

No

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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## C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

- A specified type of resource is disregarded:

Name of resource type:	Description:
Income producing business/non-business resources	All of the individual's equity value in business/non-business resources used to produce income is excluded as a resource.  Business/Non-Business Resources are defined as land, buildings, equipment, supplies, inventory, tools of a tradesperson, livestock of a farmer, cash on hand, accounts receivable, etc. which are used in the person's trade or business, or in the employment of a family member or by the individual as an employee.
Resources accrued during the COVID-19 public health emergency	To the extent that CMS advises states that they may not increase an individual's patient liability amount under the post-eligibility treatment of income rules under 42 CFR 435.725 and 435.733 and continue to receive the enhanced FMAP provided under Section 6008 of Families First Coronavirus Response Act, the state will disregard any resources that a recipient accrues as a result of the state's inability to adjust patient liability during the COVID-19 public health emergency for a period of 12 months following the end of the emergency.

- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
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Name of methodology:	Description:
Resource eligibility by month	The individual/couple whose countable resources are valued at or below the resource limit at any time during the month meet resource eligibility throughout the entire month.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## F.Additional Information (optional)



# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Individuals who would be eligible for Medicaid under institutional rules and who participate in the PACE program.

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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The state operates the PACE Participants eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:
  - a. Individuals in Institutions Eligible under a Special Income Level
  - b. Age and Disability-related Poverty Level
  - c. Medically Needy Individuals
  - d. Individuals Eligible for but Not Receiving Cash Assistance
  - e. Other eligibility group(s):
2. Are enrolled in a Program of All-Inclusive Care for the Elderly (PACE) program under a PACE program agreement.
3. Require, or will require in the absence of the continued provision of PACE services, the level of care furnished by a nursing facility.

## PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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### B. Financial Methodologies

The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

## PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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### C. Income and Resource Standards

1. The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

2. An individual's gross income may not exceed 300% of the SSI federal benefit rate.

## PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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### D. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Medically Needy

### Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

#### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

**Package ID** TN2020MS0002O  
**Submission Type** Official  
**Approval Date** 3/23/2022  
**Superseded SPA ID** TN 92-6  
User-Entered

**SPA ID** TN-21-0010  
**Initial Submission Date** 12/29/2021  
**Effective Date** 10/1/2021

## B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

**Description of disregard:** All wages paid by the Census Bureau for temporary employment activities in connection with the full Census that occurs every 10 years are excluded.

A less restrictive methodology is used with respect to lump sum income:

- Specified methodology for the treatment of lump sums as income:

Name of methodology:	Description:
Lump sum payments	Lump sum payments will be considered as a resource in the month received and thereafter if retained.

The following less restrictive methodologies are used:

Name of methodology:	Description:
Med Needy Earned Income Disregard	Earned income deduction that is equal to \$90 plus \$30 and 1/3 or the current TANF general earned income disregard, whichever is higher, for applicants and recipients.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- The value of a countable motor vehicle is disregarded, up to a limit.

**The limit is:** \$4600.00

**Description:** The first \$4,600 of equity value in an automobile will be disregarded. Any excess equity value of the automobile or the equity value of any other vehicle(s) will be considered as a resource.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:** Escrow profits for low-income entrepreneurs and Individual Development Accounts (IDA) of up to \$5,000 each plus interest earned are excluded as countable resources.

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

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## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.



## Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
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### F. Additional Information (optional)

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

### Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
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The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
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## B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

**Description of disregard:** All wages paid by the Census Bureau for temporary employment activities in connection with the full Census that occurs every 10 years are excluded.

- A less restrictive methodology is used with respect to lump sum income:

- Specified methodology for the treatment of lump sums as income:

Name of methodology:	Description:
Lump sum payments	Lump sum payments will be considered as a resource in the month received and thereafter if retained.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
Med Needy Earned Income Disregard	Earned income deduction that is equal to \$90 plus \$30 and 1/3 or the current TANF general earned income disregard, whichever is higher, for applicants and recipients.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.
  - The value of a countable motor vehicle is disregarded, up to a limit.

**The limit is:** \$4600.00

**Description:** The first \$4,600 of equity value in an automobile will be disregarded. Any excess equity value of the automobile or the equity value of any other vehicle(s) will be considered as a resource.

- The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:** Escrow profits for low-income entrepreneurs and Individual Development Accounts (IDA) of up to \$5,000 each plus interest earned are excluded as countable resources.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## F. Additional Information (optional)

## Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

### Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## B. Individuals Covered

The state covers the following populations:

- 1. All children under a specified age limit:
  - i. Under age 21
  - ii. Under age 20
  - iii. Under age 19
- 2. Reasonable classifications of children

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## C. Financial Methodologies

### 1. The state uses the same financial methodology for all individuals covered.

- Yes  
 No

### 2. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.  
 b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 3. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

**Description of disregard:** All wages paid by the Census Bureau for temporary employment activities in connection with the full Census that occurs every 10 years are excluded.

- A less restrictive methodology is used with respect to lump sum income:

- Specified methodology for the treatment of lump sums as income:

Name of methodology:	Description:
Lump sum payments	Lump sum payments will be considered as a resource in the month received and thereafter if retained.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
Med Needy Earned Income Disregard	Earned income deduction that is equal to \$90 plus \$30 and 1/3 or the current TANF general earned income disregard, whichever is higher, for applicants and recipients.

### 4. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.  
 The value of a countable motor vehicle is disregarded, up to a limit.

**The limit is:** \$4600.00

**Description:** The first \$4,600 of equity value in an automobile will be disregarded. Any



excess equity value of the automobile or the equity value of any other vehicle(s) will be considered as a resource.

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:** Escrow profits for low-income entrepreneurs and Individual Development Accounts (IDA) of up to \$5,000 each plus interest earned are excluded as countable resources.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

## E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

## F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
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## G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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