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State/Territory Name: Tennessee

State Plan Amendment (SPA)#: 25-0007

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 - TN2025MS0002O - (TN-25-0007) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street Room 355
Kansas City, MO 64106

Center for Medicaid & CHIP Services

October 03, 2025

Steven M. Smith
Director
Department of Finance & Administration
310 Great Circle Road
Nashville, TN 37243

Re: Approval of State Plan Amendment TN-25-0007

Dear Steven M. Smith,

On August 05, 2025, the Centers for Medicare and Medicaid Services (CMS) received Tennessee State Plan Amendment (SPA) TN-25-0007, in which the state proposed an income disregard for Beneficiary Advisory Council compensation.

We approve Tennessee State Plan Amendment (SPA) TN-25-0007 with an effective date(s) of July 01, 2025.

If you have any questions regarding this amendment, please contact Tandra Hodges at Tandra.Hodges@cms.hhs.gov.

Sincerely,

Nicole McKnight

On Behalf of Courtney Miller, MCOG
Director

Center for Medicaid & CHIP Services

TN - Submission Package - TN2025MS0002O - (TN-25-0007) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

CMS-10434 OMB 0938-1188

Package Header

Package ID	TN2025MS0002O	SPA ID	TN-25-0007
Submission Type	Official	Initial Submission Date	8/5/2025
Approval Date	10/03/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Tennessee	Medicaid Agency Name:	Department of Finance & Administration
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Submission Component

State Plan Amendment	Medicaid
	CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

Package Header

Package ID	TN2025MS0002O	SPA ID	TN-25-0007
Submission Type	Official	Initial Submission Date	8/5/2025
Approval Date	10/03/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID TN-25-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	7/1/2025	TN-23-0001
Qualified Medicare Beneficiaries	7/1/2025	TN-21-0010
Specified Low Income Medicare Beneficiaries	7/1/2025	TN-21-0010
Qualifying Individuals	7/1/2025	TN-21-0010
Optional Eligibility Groups	7/1/2025	TN-25-0002
Individuals Eligible for Cash Except for Institutionalization	7/1/2025	TN-21-0010
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	7/1/2025	TN-21-0010
Individuals in Institutions Eligible under a Special Income Level	7/1/2025	TN-21-0010
Medically Needy Pregnant Women	7/1/2025	TN-21-0010
Medically Needy Children under Age 18	7/1/2025	TN-21-0010
Medically Needy Reasonable Classifications of Individuals under Age 21	7/1/2025	TN-25-0002

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

Package Header

Package ID	TN2025MS0002O	SPA ID	TN-25-0007
Submission Type	Official	Initial Submission Date	8/5/2025
Approval Date	10/03/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives SPA TN 25-0007 establishes an income disregard for compensation provided to beneficiaries participating in the Beneficiary Advisory Council described at 42 CFR 431.12.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

Section 1902(r)(2) of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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Governor's Office Review

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

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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TN - Submission Package - TN2025MS0002O - (TN-25-0007) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

CMS-10434 OMB 0938-1188

Package Header

Package ID	TN2025MS0002O	SPA ID	TN-25-0007
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Superseded SPA ID	TN-23-0001		
	System-Derived		

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				APPROVED
Parents and Other Caretaker Relatives				APPROVED
Pregnant Women				APPROVED
Deemed Newborns				APPROVED
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care				APPROVED
Former Foster Care Children				APPROVED
Transitional Medical Assistance				APPROVED
Extended Medicaid due to Spousal Support Collections				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				APPROVED
Closed Eligibility Groups				APPROVED
Individuals Deemed To Be Receiving SSI				APPROVED

Eligibility Group Name	Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)				APPROVED
Qualified Medicare Beneficiaries				APPROVED
Qualified Disabled and Working Individuals				APPROVED
Specified Low Income Medicare Beneficiaries				APPROVED
Qualifying Individuals				APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

Package Header

Package ID	TN2025MS0002O	SPA ID	TN-25-0007
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	System-Derived		

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

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TN - Submission Package - TN2025MS0002O - (TN-25-0007) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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.

CMS-10434 OMB 0938-1188

Package Header

Package ID	TN2025MS0002O	SPA ID	TN-25-0007
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Superseded SPA ID	TN-21-0010		
	System-Derived		

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.

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS00020 | TN-25-0007

Package ID	TN2025MS0002O	SPA ID	TN-25-0007
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Approval Date	10/03/2025	Effective Date	7/1/2025
Superseded SPA ID	TN-21-0010		
	System-Derived		

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

Yes

No

General income disregard:

Name of disregard:	Description:
Dependent child disregard	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. The amount of this disregard will be reasonably related to the difference between the poverty level income standard for each family size.

Census Bureau wages are disregarded.

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 specified type of income is disregarded:

Name of income type:	Description:
BAC participation	Compensation for participation in the Beneficiary Advisory Council is excluded.

Yes

No

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.

The following less restrictive methodologies are used:

Name of methodology:

Resource eligibility by month

Description:

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 | TN2025MS0002O | TN-25-0007

Package Header

Package ID	TN2025MS0002O	SPA ID	TN-25-0007
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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 | TN2025MS0002O | TN-25-0007

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F. 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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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	TN-21-0010		
	System-Derived		

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 | TN2025MS0002O | TN-25-0007

Package Header

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Superseded SPA ID	TN-21-0010		
	System-Derived		

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:

Name of disregard:	Description:
Dependent child disregard	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. The amount of this disregard will be reasonably related to the difference between the poverty level income standard for each family size.

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 specified type of income is disregarded:

Name of income type:	Description:
BAC participation	Compensation for participation in the Beneficiary Advisory Council is 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	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.

The following less restrictive methodologies are used:

Name of methodology:

Resource eligibility by month

Description:

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 | TN2025MS0002O | TN-25-0007

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	System-Derived		

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 | TN2025MS0002O | TN-25-0007

Package Header

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F. 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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TN - Submission Package - TN2025MS0002O - (TN-25-0007) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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.

CMS-10434 OMB 0938-1188

Package Header

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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 | TN2025MS0002O | TN-25-0007

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Superseded SPA ID	TN-21-0010		
	System-Derived		

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	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. The amount of this disregard will be reasonably related to the difference between the poverty level income standard for each family size.

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 specified type of income is disregarded:

Name of income type:	Description:
BAC participation	Compensation for participation in the Beneficiary Advisory Council is 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	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.

The following less restrictive methodologies are used:

Name of methodology:

Resource eligibility by month

Description:

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

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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

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F. Additional Information (optional)

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Medicaid State Plan Eligibility

Optional Eligibility Groups

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CMS-10434 OMB 0938-1188

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	System-Derived		

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				NEW
Reasonable Classifications of Individuals under Age 21				NEW
Children with Non-IV-E Adoption Assistance				APPROVED
Independent Foster Care Adolescents				NEW
Optional Targeted Low Income Children				NEW
Individuals above 133% FPL under Age 65				NEW
Individuals Needing Treatment for Breast or Cervical Cancer				APPROVED
Individuals Eligible for Family Planning Services				NEW
Individuals with Tuberculosis				NEW
Individuals Electing COBRA Continuation Coverage				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				NEW
Individuals Eligible for Cash Except for Institutionalization				APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules				APPROVED
Optional State Supplement Beneficiaries				NEW
Individuals in Institutions Eligible under a Special Income Level				APPROVED
PACE Participants				APPROVED
Individuals Receiving Hospice				NEW
Children under Age 19 with a Disability				NEW
Age and Disability-Related Poverty Level				NEW
Work Incentives				NEW
Ticket to Work Basic				NEW
Ticket to Work Medical Improvements				NEW
Family Opportunity Act Children with a Disability				NEW
Individuals Receiving State Plan Home and Community-Based Services				NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers				NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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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				APPROVED
Medically Needy Children under Age 18				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				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				APPROVED
Medically Needy Parents and Other Caretaker Relatives				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				NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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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

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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

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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

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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 | TN2025MS00020 | TN-25-0007

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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.

- ☒ A specified type of income is disregarded:

Name of income type:

BAC participation

Description:

Compensation for participation in the Beneficiary Advisory Council is 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:

Income producing business/non-business resources

Description:

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.

- ☒ The following less restrictive methodologies are used:

Name of methodology:

Resource eligibility by month

Description:

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

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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

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F. Additional Information (optional)

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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 | TN2025MS0002O | TN-25-0007

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

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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

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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:

☒ 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 specified type of income is disregarded:

Name of income type:	Description:
BAC participation	Compensation for participation in the Beneficiary Advisory Council is excluded.

☒ 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

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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 | TN2025MS0002O | TN-25-0007

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D. Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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

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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:

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

Individuals in Institutions Eligible under a Special Income Level

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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

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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:
	All of the individual's equity value in business/non-business resources used to produce income is excluded as a resource.
Income producing business/non-business resources	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.

- ☒ 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:
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

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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

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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

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F.Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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

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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

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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.

- ☒ A specified type of income is disregarded:

Name of income type:	Description:
BAC participation	Compensation for participation in the Beneficiary Advisory Council is excluded.

- ☒ 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 | TN2025MS0002O | TN-25-0007

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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 | TN2025MS0002O | TN-25-0007

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F. 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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TN - Submission Package - TN2025MS0002O - (TN-25-0007) - Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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

CMS-10434 OMB 0938-1188

Package Header

Package ID	TN2025MS0002O	SPA ID	TN-25-0007
Submission Type	Official	Initial Submission Date	8/5/2025
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Superseded SPA ID	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:

- Are under age 18.
- Would qualify as categorically needy, except for income.
- Are not otherwise eligible for categorically needy coverage under the state plan.
- 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 | TN2025MS0002O | TN-25-0007

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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.

- ☒ A specified type of income is disregarded:

Name of income type:	Description:
BAC participation	Compensation for participation in the Beneficiary Advisory Council is excluded.

- ☒ 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 | TN2025MS0002O | TN-25-0007

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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 | TN2025MS0002O | TN-25-0007

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F. Additional Information (optional)

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS00020 | TN-25-0007

Package Header

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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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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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

CMS-10434 OMB 0938-1188

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	System-Derived		

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 | TN2025MS00020 | TN-25-0007

Package Header

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Approval Date	10/03/2025
Superseded SPA ID	TN-25-0002
Effective Date	7/1/2025
Initial Submission Date	8/5/2025
SPA ID	TN-25-0007

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

Name of classification

Children adopted from state custody

Name:

Children adopted from state custody

Age Covered:

Under age 19

Age Range

Under age 19

Description:

Children adopted from state custody, other than children for whom an adoption assistance agreement is in effect under Title IV-E of the Act or for whom a state (non IV-E) adoption assistance agreement is in effect.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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C. Financial Methodologies

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

- ☐ Yes
- ☒ No

2. The financial methodologies are:

All children under age 21

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.

☒ A specified type of income is disregarded:

Name of income type:	Description:
BAC participation	Compensation for participation in the Beneficiary Advisory Council is excluded.

☒ 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.

Children adopted from state custody

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:

☒ All income is disregarded. No income test is applied.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ All resources are disregarded. No resource test is applied.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | TN2025MS0002O | TN-25-0007

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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

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G. Additional Information (optional)

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