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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 23-0002

This file contains the following documents in the order listed:

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

TN - Submission Package - TN2023MS0002O - (TN-23-0002) - Eligibility

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street, Room 255
Kansas City, MO 64106



Center for Medicaid & CHIP Services

July 21, 2023

Gabe Roberts
Director
Department of Finance & Administration
310 Great Circle Road
Nashville, TN 37243

Re: Approval of State Plan Amendment TN-23-0002

Dear Gabe Roberts,

On May 12, 2023, the Centers for Medicare and Medicaid Services (CMS) received Tennessee State Plan Amendment (SPA) TN-23-0002 to elect the option to provide 12 months of continuous eligibility for children under age 19.

We approve Tennessee State Plan Amendment (SPA) TN-23-0002 with an effective date of June 18, 2023.

If you have any questions regarding this amendment, please contact Audrey Mattison at audrey.mattison@cms.hhs.gov

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

TN - Submission Package - TN2023MS0002O - (TN-23-0002) - Eligibility

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2023MS0002O | TN-23-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID	TN2023MS0002O	SPA ID	TN-23-0002
Submission Type	Official	Initial Submission Date	5/12/2023
Approval Date	07/21/2023	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Tennessee

Medicaid Agency Name: Department of Finance & Administration

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2023MS0002O | TN-23-0002

Package Header

Package ID TN2023MS0002O
Submission Type Official
Approval Date 07/21/2023
Superseded SPA ID N/A

SPA ID TN-23-0002
Initial Submission Date 5/12/2023
Effective Date N/A

SPA ID and Effective Date

SPA ID TN-23-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	6/18/2023	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

NEW

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2023MS0002O | TN-23-0002

Package Header

Package ID	TN2023MS0002O	SPA ID	TN-23-0002
Submission Type	Official	Initial Submission Date	5/12/2023
Approval Date	07/21/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Tennessee is electing the option to provide 12 months of continuous eligibility for children under age 19.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$2558750
Second	2024	\$10235000

Federal Statute / Regulation Citation

42 CFR 435.926

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | TN2023MS00020 | TN-23-0002

Package Header

Package ID	TN2023MS00020	SPA ID	TN-23-0002
Submission Type	Official	Initial Submission Date	5/12/2023
Approval Date	07/21/2023	Effective Date	N/A
Superseded SPA ID	N/A		

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 - TN2023MS0002O - (TN-23-0002) - Eligibility

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

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | TN2023MS0002O | TN-23-0002

CMS-10434 OMB 0938-1188

Package Header

Package ID	TN2023MS0002O	SPA ID	TN-23-0002
Submission Type	Official	Initial Submission Date	5/12/2023
Approval Date	07/21/2023	Effective Date	6/18/2023
Superseded SPA ID	NEW		
	User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

B. Options for Continuous Eligibility for Children

The state provides continuous eligibility to children.

- Yes
 No

1. Continuous eligibility is provided to all children of the following age:

- a. Under age 19
 b. Under other age

2. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:

- a. The month that the child's age exceeds the age limit to which this provision applies
b. The end of the continuous eligibility period, which is:
 i. 12 months
 ii. Another period of continuous eligibility, not to exceed 12 months

3. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:

- a. The child dies;
b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
c. The child ceases to be a resident of the state;
d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
e. The child attains the maximum age specified in B.

C. Additional Information (optional)

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