

Table of Contents

State/Territory Name: Tennessee

State Plan Amendment (SPA) #:16-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 22, 2016

Darin Gordon, Director
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243

RE: Tennessee Title XIX State Plan Amendment, Transmittal #16-0001

Dear Mr. Gordon:

We have reviewed Tennessee State Plan Amendment (SPA) 16-0001 which was submitted to the Atlanta Regional Office on January 19, 2016. This amendment requested a 12 month eligibility period for families under Transitional Medical Assistance, in accordance with section 1925 of the Social Security Act.

This SPA confirms that the state will offer a 12 month eligibility period rather than a 6 month eligibility period followed by a second 6-month eligibility period and is approved on March 22, 2016. The effective date of this SPA is January 1, 2016.

If you have any questions regarding this amendment, please contact Kenni Howard at (404) 562-7413 or via email at kenni.howard@cms.hhs.gov.

Sincerely,

//s//

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: TN-16-0001	2. STATE TENNESSEE
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2016	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.112, 1902(a)(52), 1902(e)(1), and 1925 of the Act.		7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$1,880,258 b. FFY 2017 \$2,503,542	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 12a to Attachment 2.6-A.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) NEW	
10. SUBJECT OF AMENDMENT: Eligibility Under Section 1925 of the Act – Transitional Medical Assistance.			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: Tennessee Department of Finance and Administration Division of Health Care Finance and Administration Bureau of TennCare 310 Great Circle Road Nashville, Tennessee 37243 Attention: Jonathan Reeve	
13. TYPED NAME: Darin J. Gordon			
14. TITLE: Director, Bureau of TennCare			
15. DATE SUBMITTED: 01-19-16			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 01-19-16		18. DATE APPROVED: 03-22-16	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01-01-16		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Jackie Glaze		22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns	
23. REMARKS: Approved with following change to block #6 as authorized by state on email dated 02/17/16. Block # 6 changed to read: 1902(a)(52), 1902(e)(1), and 1925 of the Act.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Tennessee

ELIGIBILITY UNDER SECTION 1925 OF THE ACT
TRANSITIONAL MEDICAL ASSISTANCE

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard. **(1902(a)(52), 1902(e)(1), and 1925 of the Act)**

The amount, duration, and scope of services for this coverage are specified in Section 3.5 of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement):

During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.

For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

The State extends Medicaid eligibility under TMA for an initial period of:

6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925(b) of the Act.

12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(f) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

TN No. TN-16-0001 Approval Date 03-22-16 Effective Date 1/1/2016
Supersedes
TN No. NEW