

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

Summary Reviewable Units Versions Correspondence Log Approval Letter News **Related Actions**

CMS-10434 OMB 0938-1188

## 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Superseded SPA ID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

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

- Yes  
 No

**The dollar amounts increase automatically each year**

- Yes  
 No

Household size	Standard
17	\$1000.00
18	\$1058.00
19	\$1108.00
20	\$1167.00

# Medically Needy Income Level

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## 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

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### C. Additional Information (optional)

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