

TN - Submission Package - TN2020MS0002O - (TN-21-0010) - Eligibility

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CMS-10434 OMB 0938-1188

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

Package ID	TN2020MS0002O	SPA ID	TN-21-0010
Submission Type	Official	Initial Submission Date	12/29/2021
Approval Date	3/23/2022	Effective Date	10/1/2021
Superseded SPA ID	TN 10-001		
	User-Entered		

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 | TN2020MS00020 | TN-21-0010

Package Header

Package ID	TN2020MS00020	SPA ID	TN-21-0010
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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

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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.

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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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