



# TENNCARE

**Application for:**

- Long Term Services and Supports (CHOICES)
- Hospice Care
- Medicare Savings Program (like QMB or SLMB)

**Who should use this application?**

- TN residents who need care in a long term care facility, even if they can be served safely in their home.
- TN residents who have Medicare and want to apply for help paying their Medicare cost sharing, like QMB, SLMB, QDWI, or QII. These pay for your Medicare premiums and sometimes your Medicare co-pays, and deductibles.
- TN residents who need hospice care.

Mail this application to **Tennessee Health Connection, P.O. Box 305240 Nashville, TN 37230-5240. Or fax it to 855-315-0669.** If you don't need long term services and supports or help with your Medicare costs but you want to apply for TennCare go to [www.healthcare.gov](http://www.healthcare.gov).

**Is someone helping you fill out these pages?**     Yes     No

**You can choose an authorized representative.**

You can give a trusted person permission to:

- talk about this application and your health care with us,
- see your information,
- act for you on matters related to this application and your coverage (including getting information about this application),
- and sign this application on your behalf.

This person is called an "authorized representative." If you ever need to change your authorized representative, contact the Tennessee Health Connection at **855-259-0701**. If you're a legally appointed representative for someone on this application, submit proof with the application (if you haven't already given us this proof). You must also complete and send us the **HCFA Authorized Representative – Individual** found on our website at <https://tn.gov/tenncare/topic/hipaa-forms>.

If yes, then tell us: Their name \_\_\_\_\_

Their phone number: (\_\_\_\_\_) \_\_\_\_\_ - or - (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Apartment or Suite Number \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ ID Number (if applicable): \_\_\_\_\_

Organization name (if applicable): \_\_\_\_\_

**Is it okay for us to talk to this person about your case?**     Yes     No

**1. Tell us WHO you are, WHERE you live and where you get your mail.**

Name: \_\_\_\_\_

Home address (NOT a P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address, if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - or - (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you intend to be a Tennessee resident? Yes  No

You cannot receive TennCare Medicaid if you receive Medicaid benefits from another state. We can help tell the other state you want to stop your Medicaid in that state. We will only contact the other state if you would be eligible for TennCare Medicaid. If you don't want our help, you will need to end out-of-state Medicaid before you get TennCare Medicaid.

Do you receive out-of-state Medicaid benefits? Yes  No  Which state? \_\_\_\_\_

If yes, do you want us to ask that state to stop your Medicaid? Yes  No

**Please answer these questions:**

What's the best time to reach you by phone? \_\_\_\_\_

I am using this application to apply for:

- Nursing Home or Home and Community Based Services, HCBS (Long Term Services and Supports)
- Medicare Savings Program to help with my Medicare costs
- Hospice Services

Are you **homeless** now? Yes  No

Are you **living in a shelter**? Yes  No

What **language** do you **speak** best?  English  Spanish  Other Language \_\_\_\_\_

What **language** do you **read** best?  English  Spanish  Other Language \_\_\_\_\_

Do you have a **disability**? Yes  No  If yes, what is it? \_\_\_\_\_

**If you do, do you need us to help you** with these papers? Yes  No

**2. Tell us everyone who lives in your home now. Tell us who they are even if they don't have TennCare or if they don't want TennCare. List yourself first. You can add more pages if you need to.**

Is there someone living with you that wants TennCare but does not want long term services and supports? They must apply online at [www.healthcare.gov](http://www.healthcare.gov). Or, they can call the Tennessee Health Connection at **855-259-0701**.

Who lives in your home now? <b>List yourself first.</b>  Full Name – First, Middle Initial, Last	Does this person want to qualify for TennCare?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth (Month/ Day/Year)	Social Security number: <b>ONLY if this person wants TennCare</b>	How is this person related to you?	Sex M / F	Want to tell us your Race? *** (W, B, Y, A, H, I or O)
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					

\*\*\* If you want to tell us your race, please use these letters. **W** = White **B** = Black or African-American **Y** = Hispanic  
**A** = Asian **H** = Native Hawaiian or Pacific Islander **I** = American Indian or Alaskan Native **O** = Other

**3. Answer these questions about you and all the people living in your home.**

Would you qualify for care in a nursing home, but want care at home instead? Yes  No

If you think you would qualify for care in a nursing home but want care at home instead, call the Area Agency on Aging and Disability at 866-836-6678. You still need to finish this application.

Would you qualify for care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), but want care at home instead? Yes  No

If yes, does this person have **intellectual disabilities** (an IQ of 70 or below) that started **before age 18**?  
Yes  No

If you think you qualify for care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) but want care at home instead, call the Department of Developmental and Intellectual Disabilities at the following number depending on which part of the state you live:

West TN: 866-372-5709,

Middle TN: 800-654-4839, or

East TN: 888-531-9876.

You still need to finish this application.

Are you a U.S. citizen, legal alien or eligible immigrant? Yes  No  **If no**, we will need a copy of your INS papers.

Does any child living in your household have a parent who doesn't live there too?

Yes  No  **If yes**, which child? \_\_\_\_\_ What is the parent's name of that child? \_\_\_\_\_

Does anyone living in your household have a spouse (a husband or wife) who doesn't live there too?

Yes  No  **If yes**, who? \_\_\_\_\_

Why does this person not live in this home? \_\_\_\_\_

Are you getting care in a nursing home? Yes  No

**If yes**, what's the name of the nursing home? \_\_\_\_\_

When did you start getting care in the nursing home? \_\_\_\_\_

Are you temporarily living out-of-state? Yes  No

**If yes**, tell us where you're living and why. \_\_\_\_\_

To get TennCare, you must prove that Tennessee is your permanent home **and** you are coming back.

Send us proof that Tennessee is your permanent home. Your proof can be something like:

- Proof that you own or rent a home in Tennessee
- Property tax statement for Tennessee
- Your vehicle registration (from Tennessee)
- Your voter's registration (from Tennessee)

What city and county do you live in when you are **in Tennessee**? \_\_\_\_\_

Do you own or lease a place to live in another state? Yes  No  Which state? \_\_\_\_\_

Is anyone a Veteran or in Active Military status? Yes  No

**If yes**, tell us who. Be sure to tell us their **name and social security number**.

\_\_\_\_\_  
\_\_\_\_\_

Do you have other health insurance, including Medicare? If so, tell us:

What is the name of the insurance company? \_\_\_\_\_

What is the policy number? \_\_\_\_\_

What is the policyholder's name? \_\_\_\_\_

What is the policyholder's SSN? \_\_\_\_\_

What is the premium amount? \_\_\_\_\_

What is the start date? \_\_\_\_\_

What is the relationship of the policy holder to you and others on this application? \_\_\_\_\_

Do the other people listed in number 2 also have this insurance? Yes  No

If yes, tell us the names of the other people who are covered by this same health insurance plan:

\_\_\_\_\_

\_\_\_\_\_

Do you (or other people listed in number 2 have health insurance other than the policy listed above? If so, please include the information about that policy on another piece of paper.

**4. Send proof of your income.**

**Does anyone in your home work?** Yes  No  If yes, you can send copies of pay stubs or proof of earnings for the last 2 months for each job. What if you don't have all your pay stubs for the last 2 months? Give TennCare copies of all that you have.

**Is anyone self-employed?** Yes  No  If yes, tell us the kind of work they do. \_\_\_\_\_  
 If yes, send copies of their last federal income tax return with all schedule attachments. If you don't have your tax forms, send other proof. Send something that shows your income and expenses.

**Remember - Don't send the original. Send a copy.**

**Tell us about any work you get paid for, even odd jobs where you don't pay taxes.**

Name of person (Who earns this money?)	# of hours worked each week	How much do they get before taxes each pay period?	How often do they get paid? ***	Name of Employer (Are you self-employed? Tell us the name of your business if it has one.)	Phone number of Employer
		\$			
		\$			
		\$			
		\$			

\*\*\* Daily, Weekly, Every 2 weeks, Twice a month, Monthly

**Is there an adult in your home with no income?** Yes  No  If yes, who? \_\_\_\_\_

When did their income stop? \_\_\_\_\_ How do they pay the cost of daily living? For example, living with a friend or relative, rent is paid by someone, living off savings, etc. \_\_\_\_\_

**Does anyone get Social Security or SSI or Unemployment payments from Tennessee?**

Yes  No  If yes, tell us who. \_\_\_\_\_

You **don't** have to send proof of this income. We'll get it for you.

**Did you lose Medicare because you went back to work and were making more money than your Social Security income limit?** Yes  No

**Does anyone get any of the kinds of income listed below?** Yes  No

- Money from friends or relatives
- Retirement Payments
- Disability Payments
- Child Support Payments
- Unemployment Payments from another state
- Veteran's Benefits
- Workers' Compensation
- Interest/Dividends/Royalties
- Rental Income
- Alimony
- Other

If yes, tell us about it in the box below and **send proof**. Don't send the original. **Send a copy.**

Name of person (Who gets this money?)	What kind?	How much do they get?	How often?	Who pays them?	What is their Phone Number?
		\$			
		\$			
		\$			
		\$			

**5. Tell us if you pay for child care or care for a disabled adult.**

**Does anyone pay for child care or care for a disabled adult?** Yes  No

If yes, fill in the boxes below. Send proof that shows **who gives the care and how much you pay them.**

This proof must be signed by the person that gives this care. It must say how much you pay and how often.

Who gets this care?	Who pays for this care?	How much does it cost?	How often do you pay?	Name and Phone Number of Caregiver
		\$		
		\$		

**6. Tell us what you own. If you need more room, you can add more pages.**

You **must** tell us what you own. What if you don't tell us about what you own or you're over the limit?

**You won't qualify for TennCare Medicaid** in any group that has a resource limit.

Do you own:	What's it worth now?	How much do you owe on it?	The kind of proof we need:
<b>Property</b> Tell us these things about the property in the space below:			Something that shows what it's worth like a property tax statement <u>and</u> something that shows how much you owe like a mortgage statement
Street Address:	\$	\$	
City: State: ZIP:			
Street Address:	\$	\$	
City: State: ZIP:			

Do you own:	What's it worth now?	How much do you owe on it?	The kind of proof we need:	
<b>Checking accounts</b> Bank Name: _____	\$		Statement from bank or credit union that shows the balance	
<b>Savings or credit union accounts</b> Bank Name: _____	\$			
<b>Christmas Club accounts</b> Bank Name: _____	\$			
<b>Cars and trucks</b> Tell us the make, model and year below.				
Make _____ Model _____ Year _____	\$	\$	Payment book or signed statement that says how much you owe	
Make _____ Model _____ Year _____	\$	\$		
Make _____ Model _____ Year _____	\$	\$		
<b>Motorcycles and boats</b>				
Make _____ Model _____ Year _____	\$	\$		
Make _____ Model _____ Year _____	\$	\$		
<b>RVs and campers</b>				
Make _____ Model _____ Year _____	\$	\$	Copy of legal papers	
<b>Trust fund or Estate</b>				
<b>Stocks</b> Name: _____ Number Owned: _____	Current value: \$			
<b>Bonds</b> Name: _____ Number Owned: _____	Current value: \$			
<b>IRAs and Keogh Plans</b>				
Account value: \$				Statement that shows the balance. Are you drawing off this amount? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? \$
<b>Savings Certificates or CDs</b>				
<b>Tax Shelter Accounts</b>				
<b>Revocable burial contract</b>				
<b>Irrevocable burial contract</b>				
<b>Cemetery Lots</b> How many? _____ Are the lots for you or members of your immediate family? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, for who? _____			A deed and something from the cemetery that shows how much you could sell the lots for now	
<b>Other (Tell us what):</b>				

Does anyone in your household have a **life insurance policy**? Yes  No

Tell us who	What is its cash value?	Insurance Company Name and Phone Number
	\$	
	\$	

**7. ONLY fill out this part if:**

- You live in a nursing home and want Medicaid to help pay for your nursing home care. Or you think you qualify for care in a nursing home but want to get care at home.
- Or, you've gotten both an SSI check and a Social Security check in the same month at least once since April 1977, and you still get a Social Security check.

**In the last 60 months (5 years), have you sold or given away any of the kinds of things listed in question 6?** Yes  No  If yes, fill in the boxes below.

What did you sell or give away?	What was it worth?	How much did you owe on it?	If you sold it, how much did you get?	The kind of proof we need:
	\$	\$	\$	Something that shows: <ul style="list-style-type: none"> <li>• how much it was worth, and</li> <li>• how much you owed on it, and</li> <li>• how much you sold it for</li> </ul>
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

**In the last 12 months (1 year) has anyone in your household gotten a lump sum of money?**

This could be something like an insurance settlement, back pay for Social security, or a lottery prize.  
 Yes  No  If yes, fill in the boxes below.

Tell us who	How much did this person get?	Where did it come from?	The kind of proof we need:
	\$		Bank records or an award letter that shows how much you got.
	\$		
	\$		

Are you applying for a Medicare Savings Program like QMB or SLMB? If so, you won't be given a TennCare health plan. But, if you're applying for Medicaid, you can choose your health plan. If you don't pick one, TennCare can pick for you. If you're approved, your approval letter will tell you who your plan is and how you can change it. The health plans for TennCare are: AmeriGroup, BlueCare, and UnitedHealthcare.

I want my health plan to be: \_\_\_\_\_

**8. Sign here.**

- I am giving my OK for TennCare to get facts about me and my family. They can get it from other people or agencies. This includes government agencies, employers and places we get health care.
- The information I gave on this application is true and complete as far as I know. What if I gave information that's not true or held back facts on purpose? I could go to jail or have to pay TennCare back. I could also be charged with a crime like perjury or a felony.

**Sign Here X:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Person Applying / Head of Household

**Witness Sign Here** (if person applying is unable to sign) **X:** \_\_\_\_\_

**Witness** Print your name: \_\_\_\_\_ **Date:** \_\_\_\_\_

Use this checklist to make sure you are giving us everything we need to work your application. Having all of the information we need will help us work your application faster.

- (1) ID and citizenship (i.e. driver’s license and birth certificate) for applicant
- (2) Social Security Number and date of birth for applicant (This information is optional for your spouse. But, if you can give us his/her SSN and date of birth now, it will help us work your application faster.)
- (3) Bank statements for the month of application and two months prior (for each account – checking, savings, IRAs, CDs, stocks, bonds, and 401Ks).
- (4) Life insurance policies (owned by the resident and spouse) showing company name, address, policy numbers, date issued, face value, and case value for each policy.
- (5) Health insurance premium(s) – including Medicare Supplemental or Medicare Part D Plans.
- (6) **All** gross income for applicant and spouse (i.e. Pension, VA Pension, or VA Aid & Attendance, Rental Income, Alimony, etc.)
- (7) Vehicle registration (make, model and year), including recreational vehicles.
- (8) Property owned (county, address and value), including the home you live in now or lived in before entering a nursing home.
- (9) Prepaid burial contracts
- (10) Basic living expenses for the applicant’s spouse:
 

Rent or mortgage	Utilities
Property tax	Homeowner’s insurance
- (11) **All** questions in the application have been answered about any dependent children (including disabled adults) who live with you.
- (12) Names, phone numbers, and address of two friends or relatives. These are people who can verify you are who you say you are.
- (13) **All** transfers made in the last five (5) years (realty, financial, etc.)
- (14) Value of Cemetery lots
- (15) Marriage certificate (if currently married – not widow/widower)

The items checked above are attached with the resident’s application for Medicaid. Items that are **not** checked are still needed. Were you asked for items that are not listed above? If so, please tell us the items you are still trying to get:


You may be asked to provide more information after the applicant’s phone interview. The eligibility worker will explain what is needed, how to get it and will help you get it if you ask.

**\*\*\*Important:** The application for Medicaid **must** be signed. It will take longer for us to process the application if it’s not signed. **Be sure to send us this page with the application.\*\*\***

## Your Rights and Responsibilities

Keep this page for your records.

### Do you need help filling out these pages? Do you have questions?

Call **855-259-0701**. It's a free call.

**Do you need help in another language?** Let us know. TennCare will get you a free interpreter.

- 
- Anyone who wants TennCare must be:
    - A U.S. citizen or
    - Legally admitted to the U.S. for permanent residence.
  - TennCare will use your Social Security numbers to get facts about you and your income. Those facts will be used to prove you can have TennCare. They will not be used to deport you.
  - TennCare may give your Social Security numbers to:
    - Police who are looking for lawbreakers;
    - Other state or Federal Agencies (but not the INS); and
    - Collection agencies working to collect money owed to the State.
  - TennCare will check the facts and proof you give. You must help get any other information needed.
  - You are giving TennCare your OK to get facts about you and your family from others. This includes government agencies, employers and places you get health care.
  - If TennCare says you can't keep TennCare, you can appeal. The letter you get will tell you how to appeal.
  - If you get TennCare, you can't keep any health insurance or medical payments you get from insurance or other companies. Those payments belong to the State. You must sign them over to the State.
  - No one else can use your TennCare card. What if you let someone else use your card? You may have to pay the State back for that other person's medical bills.
  - You must tell TennCare about changes in where you live, who lives in your home, your income or your ability to get health insurance. You have **10 days** after the change happens to tell them.
  - What if the Tennessee Bureau of Investigation, the TennCare Office of the Inspector General or another agency asks for your help catching TennCare fraud and abuse? You must help.
  - If the State pays for medical bills or for nursing home care for you, the State may get that money back. When you die, the State may take money that you owe from your estate.
  - We don't allow unfair treatment. No one is treated in a different way because of race, color, birthplace, language, sex, age, religion, or disability. If you think you have been treated unfairly, call **855-259-0701** to report it. It's a free call.
  - If you want to register to vote, you can complete a voter registration form at [\*\*www.tn.gov/sos/election/registration\*\*](http://www.tn.gov/sos/election/registration).