

Administrative Manual	Section: General Administrative Procedures and Compliance
Policy Manual Number: 200.040	Chapter: Eligibility Determination

ELIGIBILITY DETERMINATION

Legal Authority: Sec. 1902 of the Social Security Act [42 USC 1396a]; 20 CFR 416.701; 20 CFR 416.708; 20 CFR 416.714; 42 CFR 435.906; 42 CFR 435.907; 42 CFR 435.908; 42 CFR 435.909; 42 CFR 435.910; 42 CFR 435.911; 42 CFR 435.912; 42 CFR 435.913; 42 CFR 435.915; 42 CFR 435.926; 42 CFR 435.172; 42 CFR 457.340; 42 CFR 457.330; 42 CFR 457.340; TennCare III Demonstration Waiver; Tenn. Comp. R. & Regs. 1200-13-20

1. Policy Statement

All Valid Applications are disposed of by a finding of eligibility or ineligibility, unless there is supporting documentation that the applicant is deceased prior to the application date, cannot be located, or has voluntarily withdrawn her application. An individual is eligible for TennCare Medicaid or CoverKids when he meets the financial and non-financial eligibility requirements. All facts used by TennCare to substantiate an eligibility determination are recorded in the individual's case. A decision will be rendered in each case, and the individual will be notified of the decision.

2. Timely Determinations and Processing Time Limits

a. Processing Time Frames

An eligibility determination and notice of such determination must be sent to an individual:

- i.** Within ninety (90) days from the date of application for individuals applying for Medicaid based on a disability; or
- ii.** Within forty-five (45) days from the date of application for all other individuals.

The above time standards are not used as a waiting period to determine eligibility, nor considered an acceptable reason to deny eligibility when the determination is not made within these standards.

b. Extension to Processing Time Frames

The 45 and 90-day processing time frame may be extended in the following situations:

- i.** The individual delays required action until the end of the allowed timeframe;
- ii.** The individual has requested assistance in obtaining verifications; or
- iii.** An administrative or other emergency beyond TennCare's control.

All processing delays must be fully explained and documented in the individual's case notes.

3. Withdrawn Applications

If an application is withdrawn, document the individual's request to withdraw an application in the

Administrative Manual	Section: General Administrative Procedures and Compliance
Policy Manual Number: 200.040	Chapter: Eligibility Determination

case notes and issue a notice to the individual regarding the withdrawn application.

4. Unable to Locate an Individual

If notified that the individual has changed her location or contact information, attempt to locate the individual and document all efforts to locate the individual in case notes, including phone calls and written requests for contact. Include the following about all sources of information or verification:

- a. Identity of the source;
- b. Relationship or connection to the individual;
- c. Type of contact: written correspondence, telephone contact, personal contact, etc.;
- d. Date of contact, correspondence or pay stubs; and
- e. The nature of the information provided by the source.

If the individual does not respond to verification requests, a termination notice will be issued. If TennCare is notified that the individual no longer lives in Tennessee, TennCare will attempt to verify Tennessee residency. A termination notice will be issued if verification is not received.

5. Individual is Deceased

Once an individual's death has been verified, the date of death must be entered in the individual's case.

6. Case Documentation

All facts used by TennCare to substantiate an eligibility determination are recorded in the individual's electronic case. TennCare will record all pertinent information and documentation reviewed, or online verifications obtained or used in the eligibility determination process (i.e., birth certificate, Medicare information, property deed, etc.). Pertinent information and facts include, but are not limited to:

- a. Type and date of document used, information verified by the document, form or document number, name and title of signatory on document; and
- b. Date the documentation is viewed and by whom.

Note: TennCare does not retain original documents and will return original documents after documents are reviewed.

7. Notice of Determination

Notice of eligibility determinations are sent to individuals promptly after an eligibility determination is finalized. Once an eligibility determination is finalized, a notice of the eligibility determination is sent to the individual or her responsible party. The notice includes the following:

- a. The decision regarding the individual's eligibility;

Administrative Manual	Section: General Administrative Procedures and Compliance
Policy Manual Number: 200.040	Chapter: Eligibility Determination

- b. If eligibility is denied, the specific reason for denial and citations of specific regulations that support the denial;
- c. A statement to inform the individual of his right to appeal the eligibility determination. The notice will provide additional information about how to file an appeal; and
- d. A reminder to report any household changes within 10 days of the date the notice is received.

8. Eligibility Effective Date

The TennCare III Medicaid Section 1115 Demonstration waiver enables TennCare to waive the eligibility begin date requirement under the Social Security Act § 1902(a)(34) and 42 CFR 435.915 for all applicants except for pregnant women (as defined in the *Pregnancy MAGI* policy), and children under age 19 described in Section 1902(l)(4) of the Social Security Act. For applicants who do not meet the criteria to be considered for retroactive eligibility, eligibility is not extended to a date prior to the date an application is received.

Pregnant women (as defined in the *Pregnancy MAGI* policy), and children under age 19 described in Section 1902(l)(4) of the Social Security Act, who attest to receiving a service covered under the Medicaid state plan during the three months prior to the month of application (referred to as the retroactive eligibility period), will be tested for eligibility during the retroactive eligibility period. Eligibility could begin as early as the first day of the third month prior to the month of application if the individual meets all eligibility requirements.

Note: Pregnant women and children are potentially eligible for retroactive eligibility in one of the following categories: Child MAGI 0-1, Child MAGI 1-5, Child MAGI 6-18, Pregnancy MAGI, and Caretaker Relative. To qualify for retroactive coverage in the Caretaker Relative category, the individual must be pregnant. A pregnant woman or child under the age of 19 and grouping for Emergency Medical Services on the basis of a mandatory Category of Eligibility (COE) (i.e., Child MAGI, Pregnancy MAGI or Caretaker Relative) is also eligible to be tested for coverage during the retroactive eligibility period.

Effective Date	Child and Families Categories	Aged, Blind and Disabled Categories
The effective date of eligibility is the date determined by the Social Security Administration.		<ul style="list-style-type: none"> • SSI Cash Recipient
The effective date of eligibility is the date determined by the qualified entity.	<ul style="list-style-type: none"> • Presumptively Eligible Pregnant Women • Hospital Presumptive Eligibility • Presumptive Breast or Cervical Cancer 	

Administrative Manual	Section: General Administrative Procedures and Compliance
Policy Manual Number: 200.040	Chapter: Eligibility Determination

<p>The effective date of eligibility is the child’s date of birth, if the mother was eligible for and receiving TennCare Medicaid at the time of birth.</p>	<ul style="list-style-type: none"> • Deemed Newborns 	
<p>The effective date of eligibility is the application file date or the date all eligibility requirements are met, whichever is later.</p> <p>Note: For pregnant women and children under age 19 who attest to receiving a service covered under the Medicaid state plan in the retroactive eligibility period, the effective date of eligibility is the first of the month up to three months prior to the month of application, or the application file date if the individual does not meet all eligibility requirements in the retroactive eligibility period. This is applicable for pregnant women and children eligible in the following categories: Child MAGI, Pregnancy MAGI, and Caretaker Relative. To be eligible for retroactive coverage in the Caretaker Relative category, the individual must be pregnant.</p>	<ul style="list-style-type: none"> • Former Foster Care • Child MAGI • Pregnancy MAGI • Caretaker Relative • Child Medically Needy • Qualified Pregnant Women Medically Needy • TennCare Standard • Transitional and Extended Medicaid • CoverKids 	<ul style="list-style-type: none"> • Disabled Adult Child • Institutional Medicaid • Pickle Passalong • Widow/Widower • Breast or Cervical Cancer • Specified Low-Income Medicare Beneficiaries • Qualifying Individuals 1 • Qualified Disabled Working Individuals
<p>The effective date of eligibility is the first day of the month following the month in which the application is approved.</p>		<ul style="list-style-type: none"> • Qualified Medicare Beneficiary

Administrative Manual	Section: General Administrative Procedures and Compliance
Policy Manual Number: 200.040	Chapter: Eligibility Determination

<p>The effective date of eligibility must not begin prior to the date of the emergent service and must not begin prior to the date of application for all applicants who are not a pregnant woman or child under the age of 19. Applicants who are pregnant or a child under age 19 who are eligible for Emergency Medical Services (EMS) on the basis of Child MAGI, Pregnancy MAGI, or Caretaker Relative may be reviewed for EMS during the retroactive eligibility period. To qualify for EMS during the retroactive period on the basis of the Caretaker Relative category, the individual must be pregnant.</p>	<ul style="list-style-type: none"> • Emergency Medical Services 	
---	--	--

See *The Application Process* policy for more details about the date of application.

9. Reported Changes

a. Changes

Changes must be reported by an individual within 10 days of the changed circumstance. Changes may be reported using any of the acceptable modes of submission: telephone, mail, fax, or online. The change will be considered reported on the date the change is received. If sent to TennCare via U.S. mail, this will be the date the envelope is date-stamped.

b. Who May Report Changes

A change and any documentation required to determine eligibility may be reported by the following individuals:

- i. The individual who is requesting assistance (the enrollee or applicant) - a minor child must be a “mature minor” to submit his application. In determining who is a “mature minor,” Tennessee common law follows the “Rule of Sevens.”
 - 1. Under the age of seven, there is no capacity. The change and any documentation required to determine eligibility must be reported by an adult who lives in the home with the enrollee or applicant, an authorized representative, or an individual acting

Administrative Manual	Section: General Administrative Procedures and Compliance
Policy Manual Number: 200.040	Chapter: Eligibility Determination

responsibly for the enrollee or applicant (unless a statutory exception applies).

2. Between the ages of seven and fourteen, there is a rebuttable presumption that there is no capacity. The change and any documentation required to determine eligibility generally should be reported by an adult who lives in the home with the enrollee or applicant, an authorized representative, or an individual acting responsibly for the enrollee or applicant (unless a statutory exception applies).
 3. Between the ages of fourteen and eighteen, there is a rebuttable presumption of capacity. The enrollee or applicant may report a change and any documentation required to determine eligibility, unless it is determined that the minor is not sufficiently mature to make her own health care decisions.
- ii. An adult who lives in the home with the enrollee or applicant, if the enrollee or applicant is a minor. This may be the enrollee’s or applicant’s biological, step or adopted parent, a family member who claims the applicant as a tax dependent, or another individual who is in a position to know the enrollee’s or applicant’s circumstances.
 - iii. The primary residential parent or either parent when there is equally shared joint custody.
 - iv. An authorized representative.
 - v. An individual acting responsibly for the enrollee or applicant, if the enrollee or applicant is a minor or incapacitated. A responsible party may be a relative, friend, guardian, conservator, or other individual who is in a position to know of the applicant’s circumstances.
 - vi. A representative of the long-term care facility where the individual resides.

c. What Changes Should Be Reported

The following are examples of changes that should be reported to TennCare:

- i. Address changes.
- ii. Household member changes
- iii. Applicant, enrollee or household income changes.
- iv. Applicant, enrollee or household resource changes.
- v. A change in marital status.
- vi. Applicant or enrollee death, or death of a household member.

d. Continuous Eligibility

i. Pregnant Women

1. TennCare Medicaid

Women who have been determined eligible for and enrolled in TennCare Medicaid while pregnant and children under the age of 19 who have been determined eligible for TennCare Medicaid, TennCare Standard, or CoverKids Children while pregnant will remain eligible for that respective benefit through the last day of the month of a 12-month

Administrative Manual	Section: General Administrative Procedures and Compliance
Policy Manual Number: 200.040	Chapter: Eligibility Determination

postpartum period, which begins on the day pregnancy ends, regardless of most changes in circumstance and regardless of how pregnancy ends. These women will generally remain in the same benefit category for the duration of the 12-month postpartum period, and they will not have their eligibility redetermined until the end of the 12-month postpartum period. This is true even if it has been greater than 12 months since their last eligibility determination. Women in a presumptive eligibility period are not eligible for continuous eligibility.

NOTE: Women who are approved for the Pregnancy MAGI COE with an effective date of eligibility after the end of their pregnancy will remain eligible for benefits through the last day of the month of a 60-day postpartum period.

The 12-month postpartum period will end prior to the end of the 12 months in the following circumstances:

- a. Coverage is voluntarily terminated;
- b. The individual is no longer a resident of Tennessee;
- c. The State determines that eligibility was erroneously granted at the most recent eligibility determination or renewal of eligibility because of state error, or fraud, abuse, or perjury attributed to the woman or her representative; or
- d. Death.

2. CoverKids

Women who are eligible for and enrolled in the CoverKids Pregnant Woman COE will remain eligible for benefits through the last day of the month of a 60-day postpartum period. The postpartum period begins on the pregnancy end date, regardless of changes in circumstance and regardless of how pregnancy ends.

ii. Children under the age of 19 Enrolled in Medicaid

Children under the age of 19 who are determined eligible for and enrolled in certain TennCare Medicaid categories will remain eligible for that respective benefit through a 12-month continuous eligibility period, regardless of most changes in circumstance. Continuous eligibility for children is not applicable to the following TennCare Medicaid categories: IE Foster Care, Widow/Widower, Medically Needy Child, Medically Needy Pregnancy, Katie Beckett Part B, Transitional Medicaid, Extended Medicaid, or EMS. Children in a presumptive eligibility period are not eligible for continuous eligibility. At the end of the 12-month continuous eligibility period, eligibility will be redetermined.

A child may transition to another TennCare Medicaid COE that provides continuous eligibility during the 12-month period. At that time, they will be granted a new 12-month continuous eligibility period. Exceptions to the 12-month continuous eligibility period are as follows:

Administrative Manual	Section: General Administrative Procedures and Compliance
Policy Manual Number: 200.040	Chapter: Eligibility Determination

1. The child turns 19;
2. Coverage is voluntarily terminated;
3. The child is no longer a resident of Tennessee;
4. The State determines that eligibility was erroneously granted at the most recent eligibility determination or renewal of eligibility because of state error, or fraud, abuse, or perjury attributed to the child or the child’s representative; or
5. Death.

If a child is enrolled in the Child MAGI COE and is confined in a hospital at the time they turn 19, their coverage will remain open until they have been discharged.

iii. CoverKids Children

Children under the age of 19 determined eligible for and enrolled in CoverKids Child are eligible for a 12-month continuous eligibility period, regardless of most changes in circumstance. At the end of the 12-month continuous eligibility period, eligibility will be redetermined. At that time, they will be granted a new 12-month continuous eligibility period. Exceptions to the 12-month continuous eligibility period are as follows:

1. The child turns 19;
2. Coverage is voluntarily terminated;
3. The child is no longer a resident of Tennessee;
4. The State determines that eligibility was erroneously granted at the most recent eligibility determination or renewal of eligibility because of state error, or fraud, abuse, or perjury attributed to the child or the child’s representative;
5. Death; or.
6. The child is determined eligible in a TennCare Medicaid category.

Document Title	Eligibility Determination
----------------	---------------------------

Administrative Manual	Section: General Administrative Procedures and Compliance
Policy Manual Number: 200.040	Chapter: Eligibility Determination

First Published	03.19.2015				
Revision History					
Revision Date	Section	Section Title	Page Number(s)	Reason for Revision	Reviser
09.19.2016	8.	Eligibility Effective Date	3-4	Policy Clarification	NF
11.01.2016	9.	Reported Changes	4-5	Section Addition	RH
01.02.2020	8.	Legal Authority; Eligibility Effective Date	1; 3	Policy Clarification	TB
01.02.2020	1-2.; 4-7.; 9.	Policy Statement; Timely Determinations and Processing Time Limits; Unable to Locate an Individual; Individual is Deceased; Case Documentation; Notice of Determination; Reported Changes;	1-5	Non-Substantive Change	TB
07.01.2021	8.	Eligibility Effective Date	3-4	Policy Change	MH
01.04.2021	8.	Eligibility Effective Date	3-5	Policy Clarification	MH
07.01.2023	9.	Legal Authority; Reported Changes	6-8	Policy Change	MH
01.02.2024	9.	Reported Changes	7	Policy Change	LW