Medicaid State Plan Eligibility
Eligibility Groups - Mandatory Coverage

Working Individuals under 1619(b)

Individuals who have blindness or a disability who participated in Medicaid as SSI beneficiaries or who were considered to be receiving SSI, who would still qualify for SSI except for earnings.

Package Header

<table>
<thead>
<tr>
<th>Package ID</th>
<th>TN2020MS0002O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission Type</td>
<td>Official</td>
</tr>
<tr>
<td>Approval Date</td>
<td>3/23/2022</td>
</tr>
<tr>
<td>Superseded SPA ID</td>
<td>TN 92-6</td>
</tr>
<tr>
<td>SPA ID</td>
<td>TN-21-0010</td>
</tr>
<tr>
<td>Initial Submission Date</td>
<td>12/29/2021</td>
</tr>
<tr>
<td>Effective Date</td>
<td>10/1/2021</td>
</tr>
</tbody>
</table>

The state covers the working individuals under 1619(b) mandatory eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. In the month preceding the month of qualification under this group:
   a. Received SSI or state supplement; and
   b. Were eligible for Medicaid under the state plan.

2. Continue to have blindness or a disability.

3. Continue to meet all non-disability-related requirements for eligibility for SSI or state supplement.

4. Would qualify for SSI or State Supplement, except for earned income.

5. For whom the loss of eligibility for Medicaid would seriously inhibit the individual's ability to continue or obtain employment.

6. For whom the individual's earnings are not sufficient to provide a reasonable equivalent of SSI (including state supplement), Medicaid, and publicly funded attendant care services.
Working Individuals under 1619(b)

Package Header

Package ID: TN2020M50002O
Submission Type: Official
Approval Date: 3/23/2022
Superseded SPA ID: TN 92-6

SPA ID: TN-21-0010
Initial Submission Date: 12/29/2021
Effective Date: 10/1/2021

B. 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.