

Revision: HCFA-PM-86-9 (BERC)  
MAY 1986

ATTACHMENT 4.32-A  
Page 1  
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES  
REQUESTS TO OTHER STATE AGENCIES

- (1) Unemployment benefit information will be matched at application and each month thereafter as long as the individual is an active Medicaid recipient. Notices for followups will be printed only when the amount of benefit changes (increase, decreases, adds, or deletes).
- (2) With wire-to-wire access to SSA and SSI benefit information, the workers will receive in print the benefit information prior to initial approval. All new approvals will then be accredited to the Bendex File. Future updates will be printed from the SSA earnings file.

TN No. 86-16  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 9/11/86

Effective Date 7-1-86

HCFA ID: 0123P/0002P