

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

Summary Reviewable Units Versions Correspondence Log Approval Letter News **Related Actions**

CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance maintenance payments are made under Title IV-E of the Act.

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Superseded SPA ID	TN 92-6		
	User-Entered		

The state covers the mandatory children with Title IV-E adoption assistance, foster care or guardianship care group in accordance with the following provisions:

A. Characteristics

1. Individuals qualifying under this eligibility group must meet one of the following criteria:

a. An adoption assistance agreement is in effect for the individual with any state or Tribe under title IV-E of the Act, regardless of whether adoption assistance is being provided or an interlocutory or other judicial decree of adoption has been issued; or

b. Foster care or kinship guardian assistance maintenance payments are being made by a state or Tribe under Title IV-E of the Act.

2. The upper age limit for eligibility under this group is determined by the terms of the adoption assistance agreement or the terms of the foster care or kinship guardianship assistance maintenance payments, as established by the IV-E plan of the state or Tribe that established the agreement or is making the payments.

3. Individuals may not be required to file an application for this group.

Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

Package Header

Package ID	TN2020MS00020	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Superseded SPA ID	TN 92-6		
	User-Entered		

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.

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