

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

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CMS-10434 OMB 0938-1188

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals in Institutions Eligible under a Special Income Level

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

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

#### Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 92-6		
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The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

#### A. Characteristics

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

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

# Individuals in Institutions Eligible under a Special Income Level

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

## Package Header

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## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

# Individuals in Institutions Eligible under a Special Income Level

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## C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

- A specified type of resource is disregarded:

Name of resource type:	Description:
Income producing business/non-business resources	All of the individual's equity value in business/non-business resources used to produce income is excluded as a resource.  Business/Non-Business Resources are defined as land, buildings, equipment, supplies, inventory, tools of a tradesperson, livestock of a farmer, cash on hand, accounts receivable, etc. which are used in the person's trade or business, or in the employment of a family member or by the individual as an employee.
Resources accrued during the COVID-19 public health emergency	To the extent that CMS advises states that they may not increase an individual's patient liability amount under the post-eligibility treatment of income rules under 42 CFR 435.725 and 435.733 and continue to receive the enhanced FMAP provided under Section 6008 of Families First Coronavirus Response Act, the state will disregard any resources that a recipient accrues as a result of the state's inability to adjust patient liability during the COVID-19 public health emergency for a period of 12 months following the end of the emergency.

- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
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Name of methodology:	Description:
Resource eligibility by month	The individual/couple whose countable resources are valued at or below the resource limit at any time during the month meet resource eligibility throughout the entire month.

# Individuals in Institutions Eligible under a Special Income Level

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## D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

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## E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

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## F.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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