

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

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CMS-10434 OMB 0938-1188

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualified Medicare Beneficiaries

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Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

#### 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Superseded SPA ID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 10-001		
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The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

#### A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

# Qualified Medicare Beneficiaries

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## Package Header

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## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
Dependent child disregard	<p>An amount per month per child will be disregarded from the QMB applicant/recipient's countable income in situations where minor dependent children, under age 21, live in the home with the QMB applicant/recipient.</p> <p>The amount of this disregard will be reasonably related to the difference between the poverty level income standard for each family size.</p>

- Census Bureau wages are disregarded.

**Description of disregard:** All wages paid by the Census Bureau for temporary employment activities in connection with the full Census that occurs every 10 years are excluded.

### 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	<p>All of the individual's equity value in business/non-business resources used to produce income is excluded as a resource.</p> <p>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.</p>

The following less restrictive methodologies are used:

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.

# Qualified Medicare Beneficiaries

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## C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

## D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

## E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

## Qualified Medicare Beneficiaries

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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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