

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

Transitional Medical Assistance

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

Families with Medicaid eligibility extended for up to 12 months because of earnings.

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Superseded SPA ID	TN 16-0001		
	User-Entered		

The state covers the mandatory transitional medical assistance group in accordance with the following provisions:

A. Characteristics

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

- a. Lost coverage under the parents and other caretaker relatives group (42 CFR 435.110) due to work hours or income from employment, or
- b. Is the child of a parent or caretaker relative described in A.1.a.

2. In accordance with the requirements described in section 1925 of the Act, and in this reviewable unit, the state provides extended Medicaid eligibility, as follows:

- a. The initial extended eligibility period is for 6 months, followed by a second extended eligibility period of 6 months.
- b. The initial extended eligibility period is for 12 months, with no second extended eligibility period.

Transitional Medical Assistance

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B. Individuals Covered

1. Parents or other caretaker relatives

a. A parent or other caretaker relative must meet the following criteria to qualify for an initial extended eligibility period:

i. Was eligible and enrolled in the parents and other caretaker relatives eligibility group, during the six months immediately preceding the month that eligibility was lost, for at least:

- (1) 1 month
- (2) 2 months
- (3) 3 months

ii. Lost eligibility under the parents and other caretaker relatives eligibility group because:

(1) The earnings of a parent or caretaker relative caused household income to exceed the income standard of that group; or

(2) The hours of employment of a parent or caretaker relative resulted in the individual no longer being considered to have a dependent child (as described in 42 CFR 435.4 and the Parents and Other Caretaker Relatives RU).

iii. Continues to live with a child.

2. A child qualifying under this eligibility group must meet all of the following requirements:

a. Lives with a parent or other caretaker relative who is eligible under this eligibility group.

b. Is not eligible for the infants and children under age 19 eligibility group (42 CFR 435.118).

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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 16-0001		
	User-Entered		

C. Initial Extended Eligibility Period

1. Income/Resource Standard Used

There is no income or resource standard.

2. Medical Assistance Provided

- a. The amount, duration, and scope of coverage provided is the same as that provided to parents and caretaker relatives enrolled in the parents and other caretaker relatives eligibility group and to children enrolled in the eligibility group for infants and children under age 19.
- b. The state's election to provide premium assistance for employer sponsored coverage is described in the benefits section of the state plan.

3. Termination of Extension

- a. If the family ceases to include a child, the initial extension of eligibility will end prior to the scheduled end date. In such cases, eligibility is terminated at the close of the first month in which the family no longer includes a child.
- b. Termination of eligibility will occur in accordance with all requirements described in the Eligibility Process RU.

Transitional Medical Assistance

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Approval Date	3/23/2022	Effective Date	10/1/2021
Superseded SPA ID	TN 16-0001		
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F. Additional Information (optional)

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