

TennCare Eligibility Chart

Major Medicaid Eligibility Categories

(A person can have insurance and/or access to health insurance and still qualify in any Medicaid category.)

Category	Brief Description	Monthly Income Limit	Resource Limit	Comments
Families First Income adjustments July 1st of each year	Low income single-parent families (or some two parent households)* with child(ren) under age 19	Net Gross (Family of 1) \$ 696-\$1,288 (Family of 2) \$ 896-\$1,658 (Family of 3) \$1,066-\$1,972 (Family of 4) \$1,211-\$2,240 There is a \$250/individual work disregard and a child care deduction up to \$200 per child (depends on child's age).	\$2,000 Exclude homestead and up to \$4,600 equity value in auto	This program is called TANF (Temporary Assistance for Needy Families) in other states. Department of Human Services (DHS) determines eligibility. Provides monthly cash assistance. Most families have work requirement.
AFDC-MO (Aid to Families with Dependent Children-Medicaid Only) Income adjustments July 1st of each year	Low income single-parent families (or some two parent households)* with child(ren) under age 19	Net Gross (Family of 1) \$1,080-\$1,288 (Family of 2) \$1,413-\$1,658 (Family of 3) \$1,697-\$1,972 (Family of 4) \$1,938-\$2,240 Childcare deduction up to \$200/child (depends on child's age).	\$2,000 Exclude homestead and up to \$4,600 equity value in auto	Permits a higher income than Families First, as long as it is work income. There is no activity requirement and no cash assistance.
PLIS (Poverty Level Income Standard) Income adjustments March 1st of each year	Low income pregnant women and children under age 19	Pregnant women and infants to age 1 - 185% of poverty Children from age 1 to 6 th birthday - 133% of poverty Children from age 6 to 19 th birthday - 100% of poverty	None	DHS determines eligibility. Note: An unborn child counts as a household member. 185% poverty (\$2,823 for hh of 3) 133% poverty (\$2,030 for hh of 3) 100% poverty (\$1,526 hh of 3) (\$1,838 for hh of 4)
SSI (Supplemental Security Income) Income adjustments January 1st of each year	Low income aged, blind, and/or disabled individuals	\$694 (single-includes \$20 disregard) \$1,031 (couple-includes \$20 disregard)	Family of 1 \$2,000 Family of 2 \$3,000 Exclude homestead and one car	Social Security Administration (SSA) determines eligibility. SSA provides monthly cash assistance.
Pickle or Pickle Amendment Income adjustments January 1 st of each year	Received SSI and SS income in same month after April 1977 & currently getting SS but not eligible for SSI	If income would qualify one for SSI after deducting all SS cost of living adjustments (COLA) received since last eligible for both SS and SSI in same month	Family of 1 \$2,000 Family of 2 \$3,000 Exclude homestead and one car	Tennessee Justice Center has Pickle Eligibility Chart with table of figures for quick screening and calculation of Pickle eligibility. Chart for 2009 available at http://www.tnjustice.org/pdfs/2009%20Pickle%20chart.pdf
Cluster Daniels or Daniels – this category no longer exists	Received at least one SSI check in Tennessee after November 13, 1987 and prior to judge lifting injunction in 2008	No income limit To check on Daniels status, call SSA at 1-800-772-1213 or David Erwin at DHS 615-743-7997	Resource limits do not apply	Note: A federal judge lifted the injunction in Nov 2008. TennCare recipients known to be eligible in another Medicaid category should remain on TennCare; others should get notice before benefits are terminated. If losing Daniels eligibility, consider possibility of AFDC-MO, Families First, Disabled Adult Child, Widows/widowers, or 1619(b) plus other eligibility categories listed herein

***In a two parent household, one parent must be disabled, incapacitated or unemployed**

<p>Institutionalized individuals</p> <p>Income adjustment January 1st of each year</p>	<p>Persons who require care in a nursing facility (NF) or intermediate care facility for the mentally retarded (ICF/MR)</p>	<p>\$2,022 (300% of SSI/full Federal Benefit Rate)</p> <p>Only the applicant's income counts and applicant's share of resources.</p>	<p>\$2,000 Exclude homestead and car</p>	<p>TennCare determines an applicant's need for placement in a nursing facility (NF). DMRS determines need for placement in an ICF/MR. DHS determines financial eligibility for both.</p>
<p>HCBS – ED (Home and Community Based Services - Elderly and Disabled) and MR (Mental Retardation) Waivers</p> <p>Income adjustment January 1st of each year</p>	<p>Persons who face institutionalization without home and community based services</p>	<p>\$2,022 (300% of SSI/ full Federal Benefit Rate)</p> <p>Only the applicant's income counts and applicant's share of resources.</p>	<p>\$2,000 Exclude homestead and car</p>	<p>Enrollment in either the HCBS – ED or the MR Waivers includes Medicaid/TennCare enrollment. DHS determines financial eligibility.</p>
<p>Medically Needy (MN)</p> <p>or, commonly called, Spend-Down</p>	<p>Low income pregnant woman or child under age 21</p>	<p>Individual must either have countable income no more than the figures provided below OR s/he must have sufficient unreimbursed medical expenses to “spend down” to these income limits, depending upon family size: (Family of 1) \$241 (Family of 2) \$258 (Family of 3) \$317 (Family of 4) \$325</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">Spend Down Formula</p> <p style="text-align: center;">Total HH Countable Income – (minus) Medical Expenses = adjusted income below spend down level</p> </div>	<p>Family of 1 \$2,000 Family of 2 \$3,000 Add \$100 per additional individual Exclude homestead and car</p>	<p>DHS determines eligibility. Can use medical expenses incurred in the 3 months prior to application (paid or unpaid). Can use any medical bill actually paid in the application month (no matter how old). Can use medical bills incurred in application month. Can use medical expenses incurred by any household member. Medical expenses can include such things as: health insurance premiums, doctor, hospital, pharmacy, medical supply bills, eye glasses, dental bills, hearing aids. Transportation costs to get medical care @ 42¢ per mile Over the Counter Medications: can use up to \$10/month per household member for OTC meds without receipt</p>
<p>Women with breast or cervical cancer</p> <p>Income adjustment March 1st of each year</p>	<p>Uninsured Tennessee women under age 65, who have been determined through the Centers for Disease Control (CDC) to need treatment for breast or cervical cancer</p>	<p>Women with incomes below 250% of the federal poverty level can obtain free screening from the CDC Breast and Cervical Cancer Early Detection Program.</p>	<p>None</p>	<p>Offers coverage to women below 65, who have no other insurance coverage, including Medicare, or whose insurance does not cover treatment for breast or cervical cancer. Applicants must be screened by CDC. For county screening site locations: http://health.state.tn.us/bcc/provide_rs.htm</p>

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TennCare Standard

Non-Medicaid TennCare Eligibility Categories in Tennessee

Category	Brief Description	Monthly Income Limit	Resource Limit	Comments
<p>TennCare Standard: Uninsured & Medically Eligible</p> <p>Income adjustments March 1st of each year</p>	<p>Children under the age of 19 who are losing TennCare Medicaid eligibility can be screened for enrollment in TennCare Standard as “Medicaid Rollovers.”</p> <p>Children already enrolled in TennCare Standard can reenroll if they remain eligible.</p> <p>If the family’s income is above 200% of poverty, the child must be medically eligible (i.e. uninsurable) to receive TennCare Standard.</p>	<p>Family income must be below 200% of the Federal Poverty Line. Children on TennCare Standard have no premiums but may be subject to copayments depending upon income.</p> <p>(Family of 1) \$1,806 (Family of 2) \$2,429 (Family of 3) \$3,052</p>	<p>None</p>	<p>DHS determines eligibility. Eligible children cannot have other health insurance nor can they have access to an employer’s health plan (access exception for children grandfathered in in 2005).</p> <p>Children must be recertified annually.</p>
<p>Standard Spend Down</p>	<p>This program is for caretaker/relatives, blind or disabled adults, and adults over 65.</p> <p>Standard Spend Down is currently open only to adults losing Medically Needy Spend Down.</p>	<p>An individual must either have a countable income no more than the figures provided below OR s/he must have sufficient unreimbursed medical bills to “spend down” to these income limits, depending upon family size:</p> <p>(Family of 1) \$241 (Family of 2) \$258 (Family of 3) \$317 (Family of 4) \$325</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">Spend Down Formula</p> <p style="text-align: center;">Total HH Countable Income - Medical Expenses =adjusted income below spend down level</p> </div>	<p>Same as Medically Needy Spend-Down</p>	<p>DHS determines eligibility. The state sets the “spend down” income level (see column 3).</p> <p>Can use medical expenses incurred in the 3 months prior to application (paid or unpaid). Can use any medical bill actually paid in the application month (no matter how old). Can use medical bills incurred in application month. Can use medical expenses incurred by any household member.</p> <p>Medical expenses can include such things as: health insurance premiums, doctor, hospital, pharmacy, medical supply bills, eye glasses, dental bills, hearing aids.</p> <p>Transportation costs to get medical care @ 42¢ per mile</p> <p>Over the Counter Medications: can use up to \$10/month per household member for OTC meds without receipt</p>

Medicare Premium Assistance Programs

Category	Brief Description	Monthly Income Limit	Resource Limit	Comments
QMB (Qualified Medicare Beneficiaries) Income adjustment March 1st of each year	Low income persons eligible for Medicare Part A	To qualify, an individual must have income at or below 100% of poverty: Family of 1 - \$923 (incl. \$20 disregard) Family of 2 - \$1,235 (incl. \$20 disregard)	Family of 1 \$6,600 Family of 2 \$9,910	The state is required to pay Medicare premiums, deductibles, and coinsurance for these individuals. Qualified Beneficiaries are <u>not eligible for TennCare unless they meet the criteria for another eligibility category.</u> DHS determines eligibility.
SLMB (Special Low Income Medicare Beneficiaries) Income adjustment March 1st of each year	Low income Medicare beneficiaries	Between 100% and 120% poverty (Family of 1) \$1,103 (incl. \$20 disregard) (Family of 2) \$1,477 (incl. \$20 disregard)	Family of 1 \$6,600 Family of 2 \$9,910	The state is required to pay Medicare Part B premiums for these individuals. Beneficiaries are <u>not eligible for TennCare unless they meet the criteria for another eligibility category.</u> DHS determines eligibility.
QI 1 (Qualifying Individuals) Income adjustment March of each year	Low income Medicare beneficiaries	Between 120% and 135% poverty (Family of 1) \$1,239 (incl. \$20 disregard) (Family of 2) \$1,660 (incl. \$20 disregard)	Family of 1 \$6,600 Family of 2 \$9,910	The state is required to pay Medicare Part B premiums for these individuals, as long as federal funds are available. DHS determines eligibility. <u>Qualifying Individuals cannot be enrolled in Medicaid/TennCare.</u>

Cover Tennessee Plans

Program	Eligibility	Benefits	Pricing
CoverTN	Small businesses with 50 or fewer full-time “equivalent” employees, 50% of whom earn less than \$55,000 per year, can provide insurance for eligible employees who choose to buy into the plan. The business pays at least 1/3 of premiums, and must not have offered (or substantially financed) insurance in the last 6 months. Self-employed, workers at non-participating employers, those between jobs, and spouses also eligible. www.covertn.gov/web/covertn_eligible.html	CoverTN plans are considered “limited benefit” plans, with annual benefits limited to \$25,000. Basic health needs, including physician, pharmacy, and mental health services are covered. There is a 12 month pre-existing condition clause.	Total premiums range from approximately \$113 to \$327 per month and are shared among the employer, employee and the state. These premiums vary by age, weight, and tobacco use. There are copayments.
CoverKids	Children under 19, pregnant women and infants who are at or below 250% of the FPL and who have been uninsured for at least 3 months previous to application are eligible.* Applicants who earn over 250% can choose to buy into the plan. *Exceptions to the 3 month go bare period include children experiencing an involuntary loss of insurance (such as losing Medicaid/ TennCare) and newborns under 4 months old.	Provides comprehensive coverage modeled on the state employee health plan. There are no pre-existing condition clauses. Not a Medicaid program. No EPSDT protections.	Those earning up to 250% FPL pay no premiums but do have co-pays, many as low as \$5. A pregnant woman’s coverage is limited to maternity benefits only. Those earning over 250% pay full premiums (\$239/month/child) and co-pays.
AccessTN	Adults who are uninsurable by medical or insurance determination, who have not been insured for at least 3 months (with some exceptions) previous to application, and who do not have access to employer insurance, may be eligible regardless of income. There are special rules for those losing COBRA, TennCare or CoverKids.	Provides comprehensive coverage modeled on the state employee health plan. 6-month pre-existing condition wait period, but no wait for preventative care, pharmacy benefits, or outpatient therapy.	Premiums vary from \$284 to \$1,225/ month and are based upon age, weight, and tobacco use. Premium assistance has been available for the low income uninsured, but there is currently a waiting list for these funds.

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