Navigating TennCare

Day 2: Issue Spotting

Tennessee Justice Center
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tnjustice.org
#TJCTrain2016
#TJCTrain2016
Agenda

Day 2

- Income counting differences between MAGI and non-MAGI categories (review)
- Treatment of Resources
- SSI-Disability Categories
- CHOICES and ECF CHOICES
- Medically Needy Spend down
Agenda, continued

Day 2

• Break
• Other TennCare Categories
• Hospital Presumptive Eligibility
• TennCare Redetermination
• Eligibility and Delay Appeals
• Q&A
Rob Watkins
Staff Attorney
Email: rwatkins@tnjustice.org
Income Counting
Differences: MAGI & Non-MAGI
Household Income using MAGI

• Household income = sum of MAGI of every individual in the household

• Except:
  – Income of tax dependents not required to file taxes.
    • Threshold: 6,300/yr in earned or $1,050/yr in unearned with some key exceptions;
    • See IRS Publication 929 Tax Rules for Children & Dependents
Non-MAGI Income

• Household income = sum of every individual in the budget group.

• Essentially the same rules as MAGI with a few key differences:
  • Child support
  • Gifts and inheritances
  • Veteran’s benefits
  • Minor’s income
  • Step-parents
Non-MAGI: Child Support

The value of the support payment is counted in its entirety for individuals age 21 and older as unearned income in the month it was received.

- $50 disregard per family – NOT per child.

MAGI – NOT income to the recipient.
Non-MAGI: Gifts & Inheritances

Considered income in the month it is received, and it may become a resource thereafter.

Life Insurance Proceeds – income in the month it is received, but can disregard that portion if it is used for burial and/or last illness medical expenses.

MAGI – Generally gifts, inheritances and life insurance proceeds are NOT taxable.
Non-MAGI: Veterans Benefits

The VA has numerous programs so it depends on the nature of the payment. Generally, if it is based on need, then it is excluded from income.

MAGI – NOT income to the recipient. Military retirement pay is subject to tax.
Non-MAGI: Minor Income

Non-MAGI – disregard a minor’s income (age 21 and younger) if he/she is a full-time student.

• If not a full-time student, then can disregard 6 months of income.
• No deeming of income from one child to another.

MAGI – only count income if a dependent is REQUIRED to file taxes.
Non-MAGI: Step-Parent’s Income

Non-MAGI – Generally, disregard a step-parent’s income from the budget group. There are some exceptions.

MAGI – Is included if the step-parent is part of the household.
Practice Tips: Non-MAGI Income

Child Support – Count as income with a $50 family disregard.

Gifts & Inheritances – Considered income in the month it is received. Can become a resource.

Veteran’s Benefits – Depends on the category.

Minor Income – Is the minor a full-time student? Don’t deem income from one child to another.

Step-Parents – Generally, income does not count.
Separate or No Income Counting Rules
Separate Income Counting Rules

• SSI disability-related categories
  – SSI recipients, Pickle, Disabled Adult Child (DAC), Disabled Adult Widow(er) (DAW)
• Breast & Cervical Cancer Treatment Program (BCCTP)
No Income Counting Rules

• Newborns of moms on TennCare at time of birth
• Former foster youth
Resources
Resources = Assets
Treatment of Resources

• Countable liquid resources
• Countable non-liquid resources
• Other resources with specific characteristics

See TJC’s “Counting Resources” Toolkit at https://www.tnjustice.org/resources/toolkit/
Examples of Liquid Resources

- Cash on hand
- Bank accounts
  - Checking account
  - Savings account
  - Individual Development Account (IDA)
  - Patient Trust Account
  - Certificate of Deposit
- Trust funds
  - Revocable Trust
  - Irrevocable Trust
- Mutual funds, stocks & bonds
- Retirement accounts & pension plans
- Value of contracts
  - Annuities
  - Contract for deed or mortgage
- Value of promissory notes & other loans
- Prepayments & deposits
Examples of Non-Liquid Resources

• Real property
  – Homestead
  – Life estates
  – Oil & mineral rights

• Personal property
  – Vehicle(s); recreational
  – Livestock
  – Household goods & personal effects
  – Items of unusual value

• Insurance policies
  – Life insurance
  – Sick & disability insurance
Examples of Other Resources

- Essential or income-producing resources
  - Income-producing resources
  - Resources used for personal consumption & essential to daily activities
  - Resources essential to the production of earned income in trade, business or self-employment
  - Tools of the trade

- Burial-related resources
3 Types of Resource Counting Rules:

1. MAGI
2. Non-MAGI
3. SSI Disability-related
Resources under MAGI
MAGI Resource Counting Rules

That was easy
Resources under Non-MAGI
Non-MAGI Resource Counting Rules

1. Medically Needy Spend Down
2. CHOICES

Go to:
Medically-Needy Spend Down

1. Resources of the household count:

<table>
<thead>
<tr>
<th>Spend Down Resource Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household Size</td>
</tr>
<tr>
<td>Resource Limit</td>
</tr>
</tbody>
</table>

2. Exclusions:
   a) Homestead
   b) Car (only 1)
CHOICES

• Only the applicant’s share of resources counts.
  – Community spouses can have higher share of resources.

• Resource limit: $2,000

• Exclusions:
  – Homestead: only if equity is below $552,000.
  – Car: (only 1) regardless of value
Resources under SSI
SSI Disability-Related Resource Counting Rules

1. Supplemental Security Income (SSI)
   a. 1619(b)
   b. DAC
   c. DAW
   d. Pickle

Go to:
https://www.socialsecurity.gov/ssi/text-resources-ussi.htm
SSI: 1619(b), DAC, DAW & Pickle

• Resource limit: $2,000 for individual, $3,000 for couple
  – Parents’ resources count for children under 18 with some disregards.

• Exclusions:
  – Homestead
  – Car
Simple Resource Screening

• “Resources include things like money in the bank, cars, house, and 401(k).”
• “For your family, the resource limit is going to be around $x.”
• “Your first car does not count, and your home does not count (if applicable).”
• “Besides those things, do you know if your other resources are over $x?”
• If the answer is “yes,” then get more details about what the resources are, in case some can be excluded.
Practice Scenario

Rayna owns a house. The fair market value (FMV) of the house is $2,000,000. Rayna’s mortgage balance is $1,998,000.
Practice Scenario

What do you need to know in order to determine whether Rayna’s house is countable or not?

1. Does she live in the house?
2. What is the equity of the house?
Principal Residence

• Rule: Homestead is excluded as long as the applicant, his/her spouse, or dependent relatives live in the home.
  – Intent to return.

Go to TJC’s Counting Resources document at https://www.tnjustice.org/resources/toolkit/ for more information.
Calculating Equity

• The countable value in all real property is equal to the individual’s equity value in it.

• Equity value is equal to:

  \[
  \text{Total Market Appraisal (Fair Market Value)} \quad \text{SUBTRACT} \quad \text{Total Value of Mortgage and Liens}
  \]
What is Rayna’s equity?

• 2,000,000 (fair market value) – 1,998,000 (mortgage) = 2,000

• Rayna’s equity is $2,000.
John Orzechowski
Deputy Director

Email: jorzechowski@tnjustice.org
SSI-Disability Categories
SSI-Disability Categories

- SSI
- Disabled Adult Child
- Disabled Adult Widow(er)
- Pickle
- 1619(b)
Supplemental Security Income (SSI)

• Provides cash assistance for individuals with disabilities.
• SSI recipients should be automatically enrolled in TennCare.
• Apply through SSA: 1-800-772-1213
Basic SSI Eligibility: Income

- Full benefit amount for individual is $733 in 2016 ($735 in 2017).
- Income limit is $753 (with $20 disregard).
- There are also earned income disregards.
- For children under 18, parents’ income counts, though there are significant earned income disregards.
- Tip: If children with disabilities are turned down for financial reasons, they should reapply at age 18.
Basic SSI Eligibility: Resources

• Resources below $2,000 for individual, $3,000 for couple, excluding homestead and one car.
• Parents’ resources count for children under 18 with some disregards.
SSI & SSDI Differences

Supplemental Security Income (SSI) – low income people over 65 or disabled.
• NOT subject to income tax;
• Income limits are $733 for individuals and $1,100 for couples;
• Automatic enrollment in TennCare.

Social Security Disability Insurance (SSDI) – under 65 and based on someone’s work history.
• May be subject to income tax;
• Can be based on the person’s, parent’s or spouse’s prior work history;
• Not automatically enrolled in TennCare.
**SSI**

- Based on income and resources. After age 18, parents' income and resources do not count.
- Automatically enrolled in TennCare.

**SSDI**

- Administered by Social Security Administration.
- Provide cash assistance for individuals with disabilities.
- Must have disability as determined by SSA.
- Eligible for Medicare after two years (exceptions: end-stage renal disease and ALS).
- Based on work history of individual or individual's parent or spouse.
SSI & SSDI Benefits

Which one is it?

SSI benefits are paid on the first day of each month*.

*If the first of the month is on a Saturday, Sunday, or legal holiday, the benefits will be paid on the banking day before.
SSI & SSDI Benefits

Which one is it?

SSDI benefits are paid on:

• *After 1997* on the 2\textsuperscript{nd}, 3\textsuperscript{rd} or 4\textsuperscript{th} Wednesday of the month.

• *Before 1997* on the 3\textsuperscript{rd} day of the month.
Key Questions to Ask

How much is your check each month?

*If over $733 it is probably NOT SSI*

When do you receive your check?

*If on or before the 1st of the month, it is probably SSI.*
Red Flag

Very low income individual with disabilities
SSI-Disability Categories

- SSI
  - Disabled Adult Child
  - Disabled Adult Widow(er)
  - Pickle
  - 1619(b)
DAC (Disabled Adult Child)

Covers some individuals with disabilities who

• used to receive SSI
• became disabled before age 22
• lost SSI because of entitlement to or increase in SS benefits based on a parent’s work record.

* DAC recipients are also known as CDBs (childhood disability beneficiaries).
DAC – Categorical Eligibility

Screening questions:

• Were you diagnosed with a disability or blindness before age 22?
• Did you lose SSI after age 18?
• Did you lose SSI after July 1, 1987?
• Did you lose SSI because you started getting SS benefits based on a parent’s work history or because your SS payment was increased?
DAC – Income / Resources

• If yes to all these questions, all SS income based on a parent’s work history is not counted. Individual is still eligible for TennCare.

• Individual must not have other income that puts them over the SSI limit.

• Individual must meet SSI resource requirements.
Where to Apply for DAC

• Apply through the Marketplace.
• File an eligibility appeal immediately with Tennessee Health Connection, if not screened for TennCare.
• Also check with Social Security to make sure their benefits are coded correctly.
• The LTSS application might suffice as a DAC application, as well.
Red Flag

Lost SSI after turning 18 due to higher SS check based on parent’s work history
SSI-Disability Categories

- SSI
- Disabled Adult Child
  - Disabled Adult Widow(er)
  - Pickle
  - 1619(b)
DAW
(Disabled Adult Widow/Widower)

Covers individuals who:

• Are between 50-60,
• Meet the disability requirements for SSI,
• Lost SSI because of entitlement to SS widow(er) benefits based on a deceased spouse’s work record, and
• Are NOT entitled to Medicare Part A.

* DAW recipients are also known as DWBs (disabled widow(er) beneficiaries).

TJC Toolkit – pages 8 & 16
DAW – Categorical Eligibility

Screening questions:

• Were you receiving an SSI check based on disability or blindness?
• Did you lose SSI after you turned 50?
• Did you lose SSI because you started getting SS benefits based on a deceased spouse’s work history?
• Are you not entitled to Medicare Part A?
DAW – Income / Resources

If yes to these questions:

• SS income based on *spouse’s work record* is not counted. Individual is still eligible for TennCare.

• Individual must not have other income that puts them over the SSI limit ($753 including $20 disregard).

• Individual must meet SSI resource requirements.

• TennCare eligibility will end when the individual is entitled to Medicare Part A.
Where to Apply for DAW

• Apply through the Marketplace.
• File an eligibility appeal immediately with Tennessee Health Connection, if not screened for TennCare.
• Also check with Social Security to make sure their benefits are coded correctly.
• The LTSS application might suffice as a DAW application, as well.
Red Flag

Lost SSI after turning 50 due to entitlement to SS benefits based on deceased spouse’s work record.
SSI-Disability Categories

- SSI
- Disabled Adult Child
- Disabled Adult Widow(er)
  - Pickle
  - 1619(b)
Pickle – Categorical Requirements

- Pickle covers some people with disabilities who were eligible for SSI and Social Security in the same month.
- Disregards cost-of-living adjustments.
- Number of people eligible increases every time there is a COLA.
- Simple screening.

← J. J. Pickle, U.S. Representative from Texas

TJC Toolkit – pages 8 & 22-23
Pickle – Screening Questions

• Are you now receiving a Social Security check?

• After April 1977, did you ever get an SSI check at the same time that you got Social Security, or did you get SSI in the month just before your Social Security started?

• What is the last month in which you received SSI?
### Pickle - Income

- Multiply current Social Security income by corresponding number on chart.
- “Pickled” income must be below SSI limit ($753, includes $20 disregard).
- Must meet SSI resource limits.

<table>
<thead>
<tr>
<th>If SSI was terminated during this period:</th>
<th>Multiply 2016 OASDI income by:</th>
</tr>
</thead>
</table>
Spotting Potential Pickles

• People may have overlap when they are first approved for SSDI.
• May also have overlap if they are getting SSI then something triggers Social Security benefits (e.g., parent retiring before child is 18).
• If institutionalized, individual may be eligible for SSI without knowing it.

TJC Toolkit – pages 8 & 22-23
Pop Quiz!

Where do you apply for Pickle?

- Apply on the Marketplace and appeal the decision.
- Forward the application to TennCare. (Like you would for a Medically-Needy Spend Down application)
- After 45 days, call Tennessee Health Connection to appeal.
- LTSS application
Red Flag

Received or eligible for SSI and Social Security benefits in same month
SSI-Disability Categories

- SSI
- Disabled Adult Child
- Disabled Adult Widow(er)
- Pickle
  - 1619(b)
1619(b)

Covers some individuals who:

• meet Social Security disability criteria,

• are receiving SSI but are going to lose it because of their work income, and

• have medical need such that they need TennCare coverage to be able to work.
1619(b) – Income and Resources

• **Income** - In 2016, the income limit for this category is $38,613 (~$3,218 per month, could be even higher depending on medical expenses).

• **Resources** – Must meet SSI resource limits.
1619(b) – Screening Questions

• Are you losing SSI because of your work income?
• Do you have any other income besides your SSI check and your work income?
• Do you need TennCare coverage to be able to work?
Where to apply for 1619(b)

• Discuss with Social Security Administration.
Practice Tip

• If an SSI or SSDI beneficiary is working or interested in going back to work, refer to Ticket to Work or Benefits to Work program through Social Security.

• Gross yearly income limit in 2016 is $38,613.
Red Flag

Losing SSI due to work income
SSI-Disability Categories

- SSI
- Disabled Adult Child
- Disabled Adult Widow(er)
- Pickle
- 1619(b)
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Charles Warfield Legal Fellow

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CHOICES
CHOICES – Categorical

- Must meet CHOICES medical criteria.
- CHOICES medical eligibility is based on ability to do activities of daily living (ADLs).

**CHOICES 1**: Nursing home care

**CHOICES 2**: Full array of HCBS

**CHOICES 3**: At-risk group, limited HCBS (SSI only)

TJC Toolkit – pages 9 & 16
CHOICES Income and Resources

• **Income:** Only the applicant’s income counts. Monthly income must be below $2,199 (300% of SSI full benefit rate).

• **Resources:** Applicant’s share of resources must be below $2,000 excluding homestead and 1 car.
  – Community spouse can have higher share of resources

TJC Toolkit – pages 9 & 16
Where to Apply for CHOICES

• To apply for CHOICES, call the local Area Agency on Aging and Disabilities if the applicant is not already on TennCare.

• If the applicant is currently on TennCare, contact the Managed Care Organization.

• If turned down for CHOICES based on not meeting medical criteria, appeal with Long Term Services and Supports.
Application Tips

• If the applicant is told over the phone he/she is ineligible, insist on getting a home visit and completing application.

• If denied, ask for a safety determination.

• It is important to keep track of when the application for CHOICES is submitted.
Practice Scenario

- Jolene is a 67-year-old woman with Stage-IV lung cancer and alcoholic dementia.
- She was recently hospitalized and sent to a rehabilitation facility.
- Jolene’s Medicare only fully covers 20 days of skilled nursing care per benefit period. Her daughter Juliette says she needs more time in a nursing facility, but Juliette eventually wants her to return home.
- How can we get Jolene coverage? Let’s walk through it step-by-step.
What Activities of Daily Living Count?

- Jolene cannot get out of bed without help and needs a walker to move around her room.
- Jolene can’t fix her own meals and can’t keep up with her housekeeping.
- Jolene’s doctors have told her daughter Juliette that she shouldn’t drive any more. Juliette has taken her keys away.
- Jolene can’t always make it to the bathroom in time and has trouble cleaning up afterward.
- Jolene also forgets to take her medications without a reminder from Juliette.
BUT, Jolene’s Pre-Admission Evaluation was only approved for CHOICES Group 3 services.

What now?
Safety Determination

• Appeal!
• Her daughter Juliette should request a Safety Determination if one wasn’t conducted at the initial Pre-Admission Evaluation.
  – Can Jolene’s needs be safely met in the community with Group 3 services and supports?
Jolene was approved for Group 1 services with a Safety Determination!
Financial Eligibility

• Until she was hospitalized, Jolene lived in her own home with her daughter Juliette, who helped to care for her.

• Jolene receives $1,500/mo. from Social Security retirement each month and $800/mo. from her pension.

• She has $4,500 in a savings account.

• She has a $5,000 whole life insurance policy with a cash surrender value (CSV) of $3,600.

• Juliette works part-time and earns $1,600/mo. Juliette doesn’t pay rent but helps with utilities and groceries.
Financial Eligibility

• Jolene’s income is too high!
  – Only Jolene’s income counts
  – Jolene receives $2300/mo. from S.S. and her pension. $101 over the Maximum Income Cap!
  – She’ll need a Qualified Income Trust (QIT) to become eligible.
Financial Eligibility, cont’d.

• Jolene also needs to spend down her resources:
  – She must spend at least $2500 from her savings account.
  – She must also surrender her life insurance policy for cash or complete an irrevocable assignment of benefits to a funeral home for the face amount of the policy.
After Jolene completes her QIT and spends down her resources, she’s approved for CHOICES Group 1 coverage!
The Five Year “Look Back” Rule

• CHOICES applicants can get penalized for giving away property, cash, or other assets or even selling them for less than what TennCare says they were worth within 5 years prior to their CHOICES application.

• The key is whether the asset transferred for “less than fair market value.”
The Penalty Period

- If applicants violate the Five-Year Look Back Period, TennCare will refuse to make CHOICES payments for a time period proportional to the assets transferred.

- **Penalty Period Calculation:**
  Uncompensated value of the asset(s) / the average daily cost of Nursing Facility care = Days
  TennCare will not cover on CHOICES.
Example

- Jolene has a 2008 Buick worth $10,000. She sells the car to Juliette for $4,000. How will this affect Jolene’s eligibility?
- First, was an asset given away for less than it was worth?
- Next, determine the uncompensated value of the asset:
  - Fair market value – received value = uncompensated value
  - $10,000 - $4,000 =
  - $6,000
Example, cont’d

- Next, divide the uncompensated value by the average daily cost of nursing facility care.
- In 2016, that was $182.42/day.
- $6,000/$182.42 = 32 days
- So TennCare will refuse to pay for Jolene’s nursing facility care for 32 days after she becomes otherwise eligible for CHOICES.
Remedies for a penalty period

• Wait...
• Ask the recipient to give the asset back.
• Apply for a Hardship Waiver.
  – The applicant must demonstrate either:
    • Her life or health would be in danger without these supports and services; or
    • She would be denied basic necessities like food, shelter, electricity, heat, etc.
Employment and Community First CHOICES
ECF CHOICES is meant to serve children and adults with Intellectual and Developmental Disabilities who meet certain...

1. Priority categorization
2. Level of care criteria
3. Financial eligibility criteria
HOW TO BECOME AN APPLICANT FOR ECF CHOICES
REFERRAL & SELF-REFERRAL

**How to become an applicant for ECF CHOICES**

- **Referral**
  - DIDD Wavier

- **Self-Referral**
  - online self-referral form
  - if on TennCare, contact MCO
  - if not on TennCare, contact DIDD
Employment and Community First (ECF) CHOICES

ECF is meant to serve children and adults with Intellectual and Developmental Disabilities

who meet certain...

1. Priority categorization
2. Level of care criteria
3. Financial eligibility criteria
PRIORITY CATEGORIES

how to become an applicant for ECF CHOICES

Self-Referral (previous slide)
Referral (previous slide)

TennCare Determination re: Prioritization Category

Individuals with emergent needs
Individuals who are employed, seeking employment, desire to be employed
Individuals with aging caregivers 75 or older

tnjustice.org
If TennCare determines an individual is in a priority category, the individual is now an “applicant” and will continue with the application process!
PRIORITY CATEGORIES

If TennCare determines the individual DOES NOT fit into a priority category, the individual is placed on a “referral” list.

An individual does not have an appeal right as to TennCare’s priority determination, BUT can request a lesser “administrative review” that does not include a right to hearing.
Employment and Community First (ECF) CHOICES

ECF is meant to serve children and adults with Intellectual and Developmental Disabilities

*Who meet certain*...

1. Priority categorization
2. Level of care criteria
3. Financial eligibility criteria
Level of Care Criteria

Level of Need
- Meet Nursing Facility Level of Care
  - Intellectual disability: limitations in 2 or more adaptive skills areas
- "At Risk" of NF placement
  - Developmental disability: substantial functional limitations in 3 or more major life activities

Assessment of Level of Need
- Pre-Admission Evaluation (PAE)
  - Activities of Daily Living (ADLs)
- ICAP Inventory for Client and Agency Planning
  - Behavioral, cognitive, & other types of support needs, Life Skills
Employment and Community First (ECF) CHOICES

ECF is meant to serve children and adults with Intellectual and Developmental Disabilities

Who meet certain...

1. Priority categorization
2. Level of care criteria
3. Financial eligibility criteria
ECF CHOICES Groups 4, 5, & 6

Each group has:
• A specific population the group is targeting
• Certain benefits
• An expenditure cap
ECF CHOICES Groups

• Essential Family Supports (Group 4)
• Essential Supports for Employment and Independent Living (Group 5)
• Comprehensive Supports for Employment and Community Living (Group 6)
<table>
<thead>
<tr>
<th></th>
<th>Group 4</th>
<th>Group 5</th>
<th>Group 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population</strong></td>
<td>Families with children under 21 who meet NF LOC or are “at risk”; Adults living with family that meet the “at risk” criteria may opt in as well.</td>
<td>Adults age 21 and older in the “at risk” category</td>
<td>Adults over 21 meeting the NF LOC criteria</td>
</tr>
<tr>
<td><strong>Expenditure Cap</strong></td>
<td>$15,000 per year (excluding minor home modifications)</td>
<td>$30,000 plus a $6,000 emergency-needs exception</td>
<td>$45,000 for low to moderate needs, $60,000 for high-need individuals</td>
</tr>
<tr>
<td><strong>1st Year Enrollment Limit</strong></td>
<td>500</td>
<td>1000</td>
<td>200</td>
</tr>
</tbody>
</table>
Possible Employment Services & Supports

- Individual Employment Support*
- Supported Employment - Small Group
- Integrated Employment Path Services (Prevocational Training)
- Employment Discovery and Customization
- Career Advancement
- Community Integration Support Services
- Benefits Counseling

*Exploration, Discovery, Situational Observation and Assessment, Job Development Plan or Self-Employment Plan, Job Development or Self-Employment Start-Up, Co-Worker Supports
TJC will soon offer a webinar on ECF CHOICES! Keep an eye out for an email from TJC’s Training Coordinator, Keila Franks.

Please keep in touch with TJC as you help folks navigate ECF CHOICES. TJC would love to learn from you all what you are seeing as the program is getting off the ground!
De Vann Sago
King Children’s Health Fellow

Email: dsago@tnjustice.org
Medically Needy Spend Down
Medically Needy Spend Down

• Covers children up to **age 21** and pregnant women with high medical expenses and an income too high for other categories.

• Non-MAGI category.

• Apply on the Marketplace.

• Follow-up with Tennessee Health Connection.
Medically Needy Spend Down

- Monthly household income must be below the following limits after subtracting allowable medical expenses.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td>241</td>
<td>258</td>
<td>317</td>
<td>325</td>
<td>392</td>
<td>408</td>
<td>467</td>
</tr>
</tbody>
</table>
Medically Needy Spend Down

Example

Monthly income: $3500
Household size: 2
Spend Down Income Standard: $258

You need around $3242 in medical bills.
Medically Needy Spend Down

What Counts?

• Bills *incurred* during month of application or three previous months.

• Older medical bill(s) if paid *during month of application*.

• Bills from the *whole family*.

Coverage starts from the date of application *or* when the spend down amount is reached.
Medically Needy Spend Down

What Counts?

• Health insurance premiums (for 4 months).
• Transportation to and from health services (47 cents/mile).
• Over the counter meds.
• Vision, dental, and hearing aid services.
• Medical equipment, supplies.
### Medically Needy Spend Down Resource Limits

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Limit</td>
<td>2000</td>
<td>3000</td>
<td>3100</td>
<td>3200</td>
<td>3300</td>
<td>3400</td>
<td>3500</td>
</tr>
</tbody>
</table>

Spend Down is a non-MAGI category. Resource limits still apply.

TJC Toolkit – page 10
Medically Needy Spend Down

• If the eligibility notice does not say the applicant *might be* eligible for TennCare, click the box in the section titled “Full Medicaid determination.” Then, press “Send to Medicaid.”
  – Take a screen shot.

• Submit an eligibility appeal IMMEDIATELY to Tennessee Health Connection!
Your application was received and has been processed.

Your detailed eligibility results are ready.

VIEW ELIGIBILITY RESULTS

Full Medicaid determination

Do any of these people want to request a determination for Medicaid as conducted through TennCare on the basis of disability, blindness, or reoccurring medical needs and bills?

☐ [Optional]

☐ None of these people

SEND TO MEDICAID
Practice Tips

• Remember to ask about resources for Medically Needy Spend Down!
  – The first car (the more expensive one) almost never counts.
  – And if the family has cars, ask if they are leased or if they still owe money on them.
• Make sure to look at date of service, not the statement date on the bills.
• Parents’ and siblings’ bills count, too!
• Healthy kids can qualify too if the bills are high enough! Include all children (as applicants) on the application.
Coffee Break!!
Andy Hofer, J.D.
Client Advocate/Intake Coordinator

ahofer@tnjustice.org
Other Categories
Other Categories

- Breast and cervical cancer
- Former foster children
- Emergency Medicaid
- Institutionalized individual
- Hospice
Breast and Cervical Cancer

• Covers un(der)insured women under 65 in need of active treatment for breast or cervical cancer.
• Must not have access to other insurance that covers cancer treatment.
• State uses the screening program’s income limit of 250% FPL.
• No resource limit.
Breast and Cervical Cancer

• Applicants must go to the county health department to get “presumptive eligibility” for TennCare.

• Still need to promptly apply for TennCare on the Marketplace. Presumptive eligibility continues while that application is pending.
Breast and cervical cancer
• Former foster children
• Emergency Medicaid
• Institutionalized individual
• Hospice
Former Foster Children

- Kids aging out of foster care in Tennessee maintain eligibility for TennCare until age 26.
- Must apply through the Marketplace.
Other Categories

- Breast and cervical cancer
- Former foster children
  - Emergency Medicaid
  - Institutionalized individual
  - Hospice
Emergency Medicaid

• Meant to cover undocumented immigrants AND immigrants in the 5-year bar during emergencies.
Other Categories

- Breast and cervical cancer
- Former foster children
- Emergency Medicaid
  - Institutionalized individual
  - Hospice
Institutionalized TennCare

Covers some individuals who have been institutionalized more than 30 days.
Other Categories

- Breast and cervical cancer
- Former foster children
- Emergency Medicaid
- Institutionalized individual
  - Hospice
Hospice

Can apply using Long-Term Services and Support (LTSS) application.
Other Categories

- Breast and cervical cancer
- Former foster children
- Emergency Medicaid
- Institutionalized individual
- Hospice
Keila Franks
Client Advocate
kfranks@tnjustice.org
TennCare Categories – Let’s Practice!

Anyone can look cool, but awesome takes practice
Practice Scenario 1

• Deacon and Rayna have 2 children, Maddie (16 y/o) and Daphne (12 y/o).
• Deacon and Rayna make $5,500/month.

What are Deacon and Rayna eligible for? Maddie? Daphne?
Practice Scenario 1

• Maddie (16 y/o) was recently diagnosed with a brain tumor and has undergone surgery.
• She has incurred $4,500 in medical bills in the past 3 months that were not covered by the family’s other insurance.
• The family has $4,000 in their bank account.

What now?
Medically Needy Spend Down

• Monthly household income must be below the following limits after subtracting allowable medical expenses.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>241</td>
<td>258</td>
<td>317</td>
<td>325</td>
<td>392</td>
<td>408</td>
<td>467</td>
</tr>
</tbody>
</table>
Medically Needy Spend Down

What Counts?

- Health insurance premiums (for 4 months).
- Transportation to and from health services (47 cents/mile).
- Over the counter meds.
- Vision, dental, and hearing aid services.
- Medical equipment, supplies.
Medically Needy Spend Down

What Counts?

• Bills incurred during month of application or three previous months.
• Older medical bill(s) if paid during month of application.
• Bills from the whole family.

Coverage starts from the date of application or when the spend down amount is reached.
### Medically Needy Spend Down Resource Limits

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource Limit</td>
<td>2000</td>
<td>3000</td>
<td>3100</td>
<td>3200</td>
<td>3300</td>
<td>3400</td>
<td>3500</td>
</tr>
</tbody>
</table>

Spend Down is a non-MAGI category. Resource limits still apply.

TJC Toolkit – page 10
Practice Scenario 2

• Mary Jo Campbell received both Social Security and SSI checks in 1976-78.

• However, her SSI was terminated in March 1978 because she started receiving a private pension that, added to her Social Security benefits, raised her income to an amount above the 1978 SSI income limits.
Practice Scenario 2

- There have been gradual increases in Mary Jo’s income since 1978.
- She now receives a Social Security benefit of $1,328 per month, which happens to be the average monthly benefit for retired workers.
- Her private pension is $275 a month, giving her a total of $1,603 monthly.
- **What is Mary Jo eligible for?**
Practice Scenario 2

• Let’s screen for Pickle!
• The last month in which she received both Social Security and SSI was March 1978.
• Corresponding reduction factor = .260
• Multiply Mary Jo’s current Social Security benefit of $1,328 by that factor, to determine her current countable “Pickle” income.
• $1,328 multiplied by .260 = $345 (“Pickled” Social Security income, rounded downward)
• $345 countable Social Security income + $275 private pension = $620 total countable “Pickle” income.

TJC Toolkit – pages 22-23
• In 2016, the income limit for SSI is $753 for an individual.
• $620 is less than the current SSI income limit (including the standard $20 disregard) of $753.
• Mary Jo is eligible for TennCare under the Pickle Amendment.
Hospital Presumptive Eligibility
Hospital Presumptive Eligibility

• Started July 1, 2016
• Temporary TennCare eligibility - 62 days
• Patients must fall into the following categories and meet household income criteria:
  – Children up to age 19
  – Pregnant women
  – Parents and caretaker relatives
  – (NOT medically needy spend down)
• Also, hospitals can grant PE to former foster children up to age 26
Hospital Presumptive Eligibility

• Individuals cannot have more than one PE period in 2 calendar years
  – Exception for pregnant women

• Hospital PE period begins on, and includes, date of PE determination. Hospitals cannot “backdate” determinations.
Hospital PE: Participating Hospitals

• Hospitals participating in Newborn PE must now execute Newborn PE agreement.
  – Hospitals participating in Hospital PE program can also perform Newborn PE determinations

• List of participating hospitals:
Hospital Presumptive Eligibility

• Hospital requirements:
  – From July 1, 2016 to June 30, 2017 – hospital must have minimum of 93% of individuals who were approved for PE subsequently determined to be eligible for TennCare within PE period.
  – Then 95% for each calendar quarter during the period July 1, 2017 to June 30, 2018.
  – Then 97% for every calendar quarter thereafter.
Gordon Bonnyman
Staff Attorney

Email: gbonnyman@tnjustice.org
TennCare Redetermination
“A Rose is a Rose is a Rose” – Gertrude Stein

“Redeterminations” =

“Renewals” =

“Reverifications” =

“Recertifications”
Periodic Redetermination of Medicaid Eligibility

By federal law, all Medicaid (TennCare) enrollees must have their eligibility redetermined every 12 months.

42 CFR 435.916(a) and (b)
The State is Required to...

• Extend coverage for all enrollees whose current eligibility can be determined by review of records already available to the state. ("Ex parte review")

• Afford enrollees an opportunity to provide any missing information or documentation.

• Provide assistance – in person & by phone.

• Assess enrollees’ eligibility in all open categories of TennCare.
The State is Required to...

- If ineligible for TennCare, determine eligibility for other insurance affordability programs (CoverKids, PTCs, CSRs).
- Electronically transfer files to the Marketplace for those determined eligible for other insurance affordability programs.
- Notify enrollees of the state’s determination.
The Enrollee is Required to...

• Keep TennCare informed of any changes in contact information.

• Report changes in income and/or household composition.

• Fill out and return redetermination packets **within 40 days**.

• Provide supporting documentation, as requested by the state.
Reconsideration

(iii) Reconsider in a timely manner the eligibility of an individual who is terminated for failure to submit the renewal form or necessary information, if the individual subsequently submits the renewal form within 90 days after the date of termination, or a longer period elected by the State, without requiring a new application.

42 CFR 435.916(a)
TennCare’s Redetermination Process
Three Phases

• Phase 1: SNAP match (May & September 2015)

• Phase 2: confirmation mailing (October-December 2015)

• Phase 3: “renewal packet”(December 2015, January 2016, & present)
Phase 3

- December 2015: Pilot group of 10,000
- February 2016: Redetermination halted
- June 2016: Process resumed
- Now: Redetermination of 100,000+ people
Challenges in Completing the “Renewal Packet”
Six Challenges:

1. Extensive requests for information
2. Enrollees may not receive the redetermination packet
3. Individualized barcodes on packets
4. Eligible immigration statuses
5. Resources/assets
6. Enrollees may fail to take timely action
Challenge 1:
Extensive requests for information
“Renewal Packet”

• The state still lacks a functioning computer system for determining eligibility.
• TennCare is mailing massive 98-page “Renewal Packets” to families to complete and return.
• Not pre-populated with information already available to the state.
What’s in the 98-page packet?

• English version – 47 pages
  – Notice (includes deadline for returning packet) – 3 pages
  – Renewal Packet – 13 pages
  – Appendix A (screening for some non-MAGI categories) – 4 pages
  – Appendix B (for American Indian or Alaska Native family members) – 1 page
  – Instruction packet – 26 pages

• Spanish version – 51 pages
LTSS “Renewal Packet”

• Long-Term Services and Supports (LTSS) redetermination packets are 119 pages.
• The state said they resumed LTSS redeterminations in August.
• Example LTSS “Renewal Packet”:
  https://www.tn.gov/assets/entities/tenncare/attachments/ExampleLTSSRenewalPacket.pdf
Challenge 2:
Enrollees May Not Receive the Redetermination Packet
Enrollees May Not Receive the Redetermination Packet

- Census Bureau’s research shows that at least one third of enrollees are likely to have moved since their eligibility was last determined.
- Even if they reported a change in address, they can’t be sure the new address made its way into the system.
Change of Address Form

- TennCare Change of Address Reporting Form
  - English: [http://tn.gov/assets/entities/tenncare/attachments/ChangeOfAddressForm.pdf](http://tn.gov/assets/entities/tenncare/attachments/ChangeOfAddressForm.pdf)
  - Spanish: [http://tn.gov/assets/entities/tenncare/attachments/ChangeOfAddressFormSP.pdf](http://tn.gov/assets/entities/tenncare/attachments/ChangeOfAddressFormSP.pdf)

- TJC recommends reporting changes by fax (1-855-315-0669) and saving fax receipt.
Was I supposed to get a packet?

1. Call Tennessee Health Connection (TNHC) at 1-855-259-0701 and ask what address they have on file. Update address if needed.

2. Ask TNHC if you were supposed to get a redetermination packet.

3. If yes, request that TNHC sends you a new redetermination packet.

4. Record date, time, & the name of the TNHC representative whom you spoke to.
Challenge 3: Individualized Barcodes
Individualized Barcode

Barcode on **bottom, left-hand side** is unique to each “renewal packet” & on every page.
Individualized Barcode

Renewal Packet
It’s time to renew your health coverage!
We’ll use the facts you send to us to see if you still qualify.

Who can use this Renewal Packet?

- The person this packet is addressed to.
- Other people in your household who have TennCare or CoverKids today.
- People whose TennCare or CoverKids ended no more than 90 days ago.

*If someone is helping you fill this out, you may need to complete Step 4 of this Renewal Packet.

Circled language is potentially misleading: can only use packet for the people to whom the packet was addressed, whether or not their coverage is ended.

Renewal Packet, page 1 of 13
Do **NOT** make copies of the redetermination packet for other people to use.
What if multiple family members receive a redetermination packet?

• Each family member who receives a redetermination packet must fill it out in its entirety.
• If some family members get a packet and others do not, call Tennessee Health Connection (TNHC) at 1-855-259-0701. Verify address for all family members. Ask who was supposed to receive the packet.
• If someone was supposed to receive a packet but didn’t, ask TNHC to send another one.
• Record date, time, & the name of the TNHC representative whom you spoke to.
Challenge 4:
Eligible Immigration Statuses
Eligible Immigration Statuses

14. Are you a U.S. citizen or U.S. national?  ☒ Yes  ☐ No
15. If you aren't a U.S. citizen or U.S. national, do you have an eligible immigration status?  ☐ Yes
   What date did you gain that status?

- What date did you enter the U.S.?
- Fill in your document type and ID number below.
  - Alien or I-94 number: ____________
  - SEVIS ID or expiration date (optional): ____________

- Card number or passport number: ____________
- Other (category code or country of issuance): ____________

b. Did you have a different status before?  ☐ Yes  ☐ No  If yes, what was it?

Need help with your application? Call us at 1-855-259-0701. Do you need help in a language other than English? When you call, tell us the language you need. We'll get you help at no cost to you. Do you have a hearing or speech problem and use a TTY? Call 1-800-848-0298, then dial 1-855-259-0701.

Rev: 29Apr16
Eligible immigration status means Person 1 has a status that allows you to be considered for health coverage.

For example, a legal permanent resident who has only been in the country with that status for 2 years will not be eligible for TennCare. But someone who has been in the country with that status for 5 years could be reviewed for health coverage.

Refugees and Asylees can be considered for health coverage. If you have had two different immigration statuses, be sure to tell us.
Qualified Immigrants

• LPR: Lawful Permanent Residents (green card)
• Refugees
• Asylees
• Aliens paroled in the U.S.
• Aliens whose deportation is being withheld
• Battered immigrants and children
• Cuban/Haitian entrants
• Aliens granted conditional entry
• Victims of a severe form of trafficking
Treated like “Qualified Aliens” for TennCare & CoverKids Eligibility

• Amerasian Immigrants
• Aliens who are members of a Federally-recognized Indian tribe
• American Indians born in Canada
• Aliens who are honorably discharged veterans or active duty members of the U.S. Armed Forces, plus their spouse and dependent children
• Afghani and Iraqi aliens granted Special Immigrant Status
• Aliens who are victims of a severe form of trafficking
Time-Related Requirements

• 5-year bar: period of ineligibility for all federally-funded benefits, including full TennCare and CoverKids
  – Only applies to certain groups of qualified immigrants
Included in the 5-Year Bar

– Legal Permanent Residents (LPR) admitted on or after 8/22/96
  • I-551 with various codes

– Aliens paroled for at least 1 year
  • I-94 with code 212(d)(5) or other language indicating parole status

– Battered immigrants and children
  • Petition for:
    – Immediate relative status;
    – Classification to immigrant status based on relationship to a lawful permanent resident alien; or
    – Suspension of deportation and adjustment to lawful permanent resident status.
Exempt from the 5-Year Bar

- LPRs (admitted before 8/22/1996)
- LPRs who first entered the country under another exempt category (i.e. as a refugee) and who later converted to LPR status
- Victims of a severe form of trafficking
- Refugees, asylees, and other humanitarian immigrants
- Aliens who are discharged veterans
- Aliens who are on active duty in the U.S. military
- Aliens who are the spouse or unmarried dependent child of an veteran or active member of the U.S. military
- Members of a Federally-recognized Indian tribe
- American Indians born in Canada
Challenge 5: Resources/Assets
Resources: Property
No designation of homestead

<table>
<thead>
<tr>
<th>Do you own:</th>
<th>What's it worth now?</th>
<th>How much do you owe on it?</th>
<th>The kind of proof we need:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Property</strong> Tell us these things about the property in the space below:</td>
<td></td>
<td></td>
<td>Something that shows what it's worth like a property tax statement and something that shows how much you owe like a mortgage statement</td>
</tr>
<tr>
<td>Street Address:</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>ZIP:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td>$</td>
<td>$</td>
<td></td>
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<td>City:</td>
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<tr>
<td>State:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZIP:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix A, Page 3 of 4
Challenge 6: Enrollees May Fail to Take Timely Action
Timeframes

• **40 days** to fill out and return the redetermination packet.
  – Failure submit packet or document eligibility will result in termination of TennCare.

• **10 days** to respond to request for more information.
Continuation of benefits during appeal

- **10 days** from notice of termination to request an appeal with continuation of benefits. (Save fax receipt or certified mail receipt!)

  https://www.tn.gov/assets/entities/tenncare/attachments/RequestWilsonHearingForm.pdf
Continuation of benefits

8. Has your coverage ended? Is your coverage ending?

You may be able to keep your coverage during your appeal. If you keep your coverage during your appeal and you lose, you may have to pay TennCare back.

☑ Check this box if you want to ask to keep your coverage during this appeal. You will get a letter from TennCare that tells you if you can keep your coverage during your appeal.

How to file your eligibility appeal

Make a copy of the completed pages to keep.

Then, mail these pages and other facts to:

Tennessee Health Connection
P.O. Box 305240
Nashville, TN 37230-5240

Or, fax it (toll-free) to 1-855-315-0669. Keep a copy of the page that shows your fax went through.
What if an enrollee’s TennCare is terminated?

- **90 days** from date of termination to submit the redetermination packet and additional information (if applicable) in order to be reinstated.
  - Save fax receipt, OR
  - Request certified mail receipt
WARNING!

TennCare has sent termination notices to people who were included in the December and January redetermination mailings and who did not respond to the packet.
How can an enrollee get help with the “Renewal Packet”?
Resources/Assistance

• This year’s redetermination process looks different than in previous years.
• Enrollees do not have a case worker they can contact.
Resources/Assistance

What if you need help in person with your Renewal Packet?

- Your local Department of Human Services (DHS) office can help you. To find your local office, go to https://www.tn.gov/humanservices and click Find our Offices at the bottom of the page or call 1-866-311-4287.

- If you’re getting care at a local community mental health center, they can also help you. Their offices are listed at http://tamho.org/service.php.
Resources/Assistance

Do You Need Special Help?

Here are numbers you can call. All of these numbers are free calls.

Versión en español atrás

Do you have questions? Or do you need help because you have a health, mental health, or learning problem or a disability? If you need any help with TennCare, call the Tennessee Health Connection. Their number is 1-855-259-0701.

You can call them if you need to:

- Apply for TennCare.
- Report a change like a new address or change in jobs or income.
- Ask a question.
- File an appeal about getting or keeping TennCare.
Resources/Assistance

Other places to call for help:

Do you need help with health care? Or do you need help with mental health care or drug or alcohol treatment? Or help with other TennCare problems?
First, call your TennCare health plan. If you still need help, you can:

- Call the TennCare Advocacy Program at 1-800-758-1638.

Or if your health plan can’t help with your problem, you can:

- Call the TennCare Solutions Unit at 1-800-878-3192.

Do you need help with prescriptions or refills at the drug store?
First, call your doctor. If you still need help, call the TennCare Solutions Unit at 1-800-878-3192.

Do you have questions about Medicare for people over age 65 or disabled?
Call Tennessee’s State Health Insurance Assistance Program (SHIP). Their number is 1-877-801-0044.
Gap-Filling Rule
Gap-Filling Rule

(i) If the household income of an individual determined in accordance with this section results in financial ineligibility for Medicaid and the household income of such individual determined in accordance with 26 CFR 1.36B-1(e) is below 100 percent FPL, Medicaid financial eligibility will be determined in accordance with 26 CFR 1.36B-1(e).

42 CFR 435.603(i)
Gap-Filling Rule

• **Why**: Because eligibility for TennCare and premium tax credits use different methodologies, the same income can be computed differently for different insurance affordability programs. Household composition varies as well.

• **Purpose**: To keep you from losing TennCare due to an income calculation that makes you ineligible for premium tax credits.

• **Effect**: Seamless eligibility for insurance affordability programs.
Gap-Filling Rule Flowchart

1. Categorically eligible under MAGI?
   - Yes
   - Eligible monthly income?
     - Yes: Apply for TennCare!
     - No: Projected annual household income below 100% FPL?
       - Yes: Eligible under gap-filling rule
       - No: Not eligible 😞
   - No: Not eligible 😞
Screening for the Gap-Filling Rule

1. Is the person currently categorically eligible in a MAGI category?
2. If yes, does their *monthly* income make them eligible for TennCare?
3. If no, is the person’s projected “household” *yearly* income below 100% FPL?
4. If yes, the person remains eligible for TennCare under the Gap-Filling rule.
How to Apply the Gap-Filling Rule

1. Return the redetermination packet. Provide supplemental income documents and a letter explaining that the enrollee is eligible under the Gap-Filling Rule. Save proof of sending.

2. If the person’s TennCare is terminated, file an appeal and ask for continuation of benefits (COB). Say they are eligible under the Gap-Filling Rule. ([https://www.tn.gov/assets/entities/tenncare/attachments/RequestWilsonHearingForm.pdf](https://www.tn.gov/assets/entities/tenncare/attachments/RequestWilsonHearingForm.pdf))

3. Call TJC! (615-255-0331 or 1-877-608-1009)
Recap: Gap-Filling Rule

If the individual...

1. Meets the categorical requirement for MAGI (e.g. parent/caretaker relative, children), AND
2. Has **annualized** income below 100% FPL

**THEN** they maintain TennCare eligibility, even though their monthly income is too high.
Main Takeaways
Main Takeaways

• Contact Tennessee Health Connection to make sure they have the correct address on file, and report any changes.

• If you have not received a packet, ask Tennessee Health Connection if you were due to receive one.

• Make copies of all documents you send to TennCare, and ask the post office for proof of mailing.
Main Takeaways

• Failure to return the packet or respond to request for additional information will lead to loss of coverage.

• Packets are complex and difficult to complete.

• The packets fail to capture information needed to ensure that people who are eligible retain their coverage.

• There is much greater need for help in this process than in applying for coverage on the Marketplace.
Main Takeaways

• Document everything!
• Complete and return all forms by the deadlines. If you cannot meet a deadline, send what you have and ask for more time to send the rest.
• If terminated, appeal with continuation of benefits within 10 days of the termination notice.
• If an enrollee has a disability, call Tennessee Health Connection and tell them. Ask them for help completing the forms. Keep a record of the call.
Call TJC!

- TJC’s phone number: 615-255-0331 or 1-877-608-1009.
- If an enrollee has trouble getting assistance with filling out and returning the packet.
- If you think the individual is eligible under the Gap-Filling Rule.
- If you encounter any other problems with the redetermination process, especially for enrollees with high medical needs.
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Best Practices for TennCare Applications & Appeals
Timeline (by law)

Federal law requires TennCare to determine an applicant’s eligibility “with reasonable promptness”: no longer than 45 days (or 90 days for the CHOICES program)

See: 42 USC 1396a(a)(8)
Wilson v. Gordon

On July 27 2014, TJC, the Southern Poverty Law Center, and the National Health Law Program filed suit against TennCare on behalf of all Tennesseans who have been waiting for more than 45 days for TennCare to tell them whether or not they are eligible.
Wilson v. Gordon

- **Class includes:** All applicants who have not received a final eligibility determination in 45 days (or in the case of disability, 90 days).

- Order requires TennCare to provide a fair hearing to any Class member requesting one and providing proof of application within 45 days.

http://www.tnjustice.org/tenncare-suit/class/
Wilson v. Gordon Order

In Reality...

The state has said they will not be holding hearings about delay appeals. Instead, they will make determinations within 45/90 days.

The state is holding hearings on appeals of eligibility denials and incorrect effective dates of coverage.
Best Practices Guide for TennCare Applications and Appeals

- Where to Apply – Can be multiple agencies
- How to Apply – In order of preference
- How to File an Appeal + Follow-up
- Possible Outcomes, What to Do, What to Attach
- Other Helpful Stuff

https://www.tnjustice.org/resources/toolkit/
Want a training for your organization?

If you are interested in having a training on “Best Practices for TennCare Applications and Appeals,” email Keila Franks at kfranks@tnjustice.org.
Best Practices When Applying for TennCare
Applying Online

- Record application ID number;
- Save a pdf, or print eligibility letter or capture screen image;
- TJC Income Verification handout;
- TJC Citizenship/Immigration Status Verification handout;
- Record the application deadline date (45 or 90 days);
- HCFA Authorization of Representative Organization form;
- If no determination, file an appeal.

https://www.tnjustice.org/resources/toolkit/
Applying by Phone

• Call 1-800-318-2596 and if possible have 3rd party listen to the call (record name and contact info);
• Record the application ID number;
• TJC Income Verification handout;
• TJC Citizenship/Immigration Status Verification handout;
• Record the application deadline date (45 or 90 days);
• HCFA Authorization of Representative Organization form;
• If no determination, file an appeal.

https://www.tnjustice.org/resources/toolkit/
Applying by US Mail

- Complete a paper application and send Certified Mail with Return Receipt and save all copies;
- Fax copy to Tennessee Health Connection 1-855-315-0669 to preserve the date of application;
- TJC Income Verification handout;
- TJC Citizenship/Immigration Status Verification handout;
- Record the application deadline date (45 or 90 days);
- HCFA Authorization of Representative Organization form;
- If no determination, file an appeal.

https://www.tnjustice.org/resources/toolkit/
Application Recap

• Document EVERYTHING;
• Provide TJC handouts on Income and Citizenship and Immigration Status and tell the Applicant to start collecting this information;
• Execute the HCFA Authorization of Representative Organization form;
• Record the application deadline date (45 or 90 days);
• If no determination, file an appeal.

https://www.tnjustice.org/resources/toolkit/
Information Flow & Insufficient Response
Windows
Information Flow
(Delay Appeal Example)

Phone
Fax
Mail

TNHC

TJJC
TNHC

Report Generation

TNHC

- Upload RPT
- Appeal RPT
- App Rec RPT

Docs
Calls

TJC
TENNESSEE JUSTICE CENTER

tnjustice.org
Review & Reconciliation

TNHC → Databases + 2 Separate Reviews → TennCare Appeals Unit
How To Handle Appeals
Anticipate the Next Move

Usually 3 Types of Requests

– Proof of Application
– Proof of Income
– Proof of Citizenship
Use Handouts & Forms

• Use TennCare form to fax an appeal (Appendix 7)
• Proof of Income handout (Appendix 2)
  – tells applicant what types are acceptable
• Proof of Citizenship handout (Appendix 3)
  – usually immigrants send applicable government-issued documents
• Save proof of all transmissions to TennCare
  – Fax receipts, certified mail receipts

Best Practices Guide for TennCare Applications and Appeals: https://www.tnjustice.org/resources/toolkit/
HCFA Authorization of Representative Organization

(Appendix 4)

APPENDIX 4

Tennessee Health Care Finance and Administration
Authorization of Representative Organization

You must complete this form if you want an ORGANIZATION to represent you and act on your behalf in applying for medical benefits and/or act for you on an ongoing basis regarding medical coverage from the State of Tennessee, Health Care Finance and Administration (HCFA). This includes programs such as TennCare Medicaid, CHOICES, CoverKids and emergency medical services (EMS). Both you and a member of the organization must sign and date this form.

Applicant/Recipient

<table>
<thead>
<tr>
<th>Name of Applicant/Recipient (Last, First, Middle Initial):</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Number (SSN):</td>
<td>Date of Birth (MM/DD/YYYY):</td>
</tr>
<tr>
<td>Address:</td>
<td>City, State and Zip Code:</td>
</tr>
</tbody>
</table>

tnjustice.org
Delay Appeals

How to File a Delay Appeal: Page 9
Delay Appeals: 4 Advocacy Tips

1. If application is pending over 45/90 days...Appeal!
2. Document the person’s application & eligibility.
3. Help the applicant follow up with the state.
4. Refer to TJC if no decision in 45/90 days.
Advocacy Tip #1

Three ways to appeal:

• By fax
• By mail
• By phone

Fax or mail is best.
Advocacy Tip #1

Send Appeal Form AND Proof of Application.

- **Fax** TennCare appeal form to TNHC:
  1-855-315-0669  **OR**
- **Send Certified Mail, Return Receipt Requested**, the TennCare appeal form to:
  Tennessee Health Connection
  P.O. Box 305240
  Nashville, TN 37230-5240  **OR**
- **Tell Client to notify you of any requests for follow-up**
Advocacy Tip #1

Send proof of application with the TennCare appeal form.

– Proof of Application includes:
  • Marketplace Eligibility Results letter, OR
  • Screen capture showing date of application, OR
  • Copy of paper application, certified mail/fax receipt.
Advocacy Tip #1

• If the person applied over the phone and never received an eligibility notice in the mail:
  – Help him/her create an online account.
  – Link the application to the online account using the application ID number.
  – Print the Marketplace Eligibility Results letter and submit it with the appeal form.

• Sometimes you can get proof of application by filing a Marketplace appeal.
Advocacy Tip #1

What if no written proof is available?

- Have the applicant sign a declaration that states the date and time he/she applied.
- Include Application ID.
- If a 3rd person listened to the phone application, have that person sign a declaration.
Advocacy Tip #1

Appeal by phone

Tennessee Health Connection
1-855-259-0701

Write down date, time, and name of representative.
Advocacy Tip #2

Document the client’s application and eligibility.

TennCare may request:
• Proof of application
• Proof of income
• Proof of citizenship/immigration status.

They will allow only 10 days for the applicant to submit this info.
Advocacy Tip #2

Proof of Application includes:

• Marketplace Eligibility Results letter, OR
• Screen capture showing date of application, OR
• Copy of paper application, certified mail/fax receipt
Advocacy Tip #2

Proof of Income includes:

• Paystubs from month of application and month prior
• Bank statement showing deposits
• Employer statement
• Tax return
Advocacy Tip #2

Proof of Citizenship/Immigration status includes:

• Social Security card
• Permanent resident card
• INS documents
Advocacy Tip #3

Help the applicant follow up with the state.

• TennCare HCFA Eligibility Appeals Unit may send requests for proof of application, proof of income or proof of citizenship/immigration status.

• Submit requested information by fax to HCFA Eligibility Appeals Unit (1-844-563-1728) or certified mail, return receipt requested.

• Save fax/mail receipts.
Advocacy Tip #4

4. Refer cases to TJC if the applicant still has no decision after 45 days (90 days for CHOICES).

TJC: (615) 255-0331
Delay Appeals: Possible Outcomes

1. Approved for TennCare, with coverage backdated to date of application.
2. Approved for TennCare, but coverage start date is wrong.
3. Denied TennCare because requested information was not received.
4. Denied TennCare because TennCare says the applicant is not eligible (income, category, immigration status).
Possible Outcome #1

Approved for TennCare, with coverage backdated to date of application.
Celebrate!
Possible Outcome #2

Approved for TennCare, but coverage start date is wrong.
Next Steps

• File appeal by fax or send certified mail, return receipt requested to TNHC with proof of application, if you have it. Save fax/mail receipts.

• Help client follow up with requests for information and/or send HCFA Authorization of Representative Individual form.
Possible Outcome #3

Denied TennCare because requested information was not received.
Next Steps

• File appeal by fax or send certified mail, return receipt requested to TNHC with requested information and any proof of previous submission. Save fax/mail receipts.

• Help client follow up with requests for information and/or send HCFA Authorization of Representative Individual form.
Possible Outcome #4

Denied TennCare because TennCare says the applicant is not eligible (income, category, immigration status).
Next Steps

• File appeal by fax or send certified mail, return receipt requested to TNHC with proof of income, proof of application and proof of citizenship/immigration status. Save fax/mail receipts.

• Help applicant follow up with requests for information and/or send HCFA Authorization of Representative Individual form.
Eligibility Appeal Hearings

TennCare has 90 days to resolve the issue OR send the case to a fair hearing.

(Note: TennCare IS conducting hearings about *Eligibility and Effective Date Appeals*. These are appeals filed after a decision has been made on a case.)
Eligibility Appeal Hearings

YOU can help! You don’t have to be an attorney to represent a TennCare appellant at a hearing.

Need help? Call TJC!
(615) 255-0331
Practice Scenarios
Juliette
Juliette

• Juliette is a 25-year-old single mom with no health insurance.
• She gives birth to her daughter Cadence by emergency C-section on January 3.
• Hospital staff faxes a paper FFM application for Juliette and Cadence to TNHC and mails a copy to the FFM mail center.
Juliette

- On January 30, Juliette gets a letter from the FFM asking for Cadence’s Social Security number.

- It takes another week for Cadence to get her Social Security card. Juliette sends it in on February 8.
Juliette

Then she waits....

March 1
Juliette

and waits....

April 15
Juliette

• Juliette calls TNHC multiple times to follow up on the application, but hears nothing.

• Finally, on May 1, a TNHC representative tells her she can file a delay appeal. Juliette does this by phone.
After filing a delay appeal, Juliette and Cadence are approved for TennCare!
Juliette

BUT:

• Juliette’s effective date of coverage is January 22.

• Cadence’s effective date of coverage is Feb 12.

• Juliette has $10,000 in outstanding medical bills and has paid $1600 out of pocket.

WHAT NOW?
Colt

Colt is 17 years old and lives with his parents and his sister. Their household income is 235% FPL.

On July 1, Colt is in a car wreck and is taken to the hospital for emergency surgery.

Colt has private insurance through his father’s employer, but it only covers 80% of his expenses.

While Colt is in the hospital, his parents submit an application for TennCare benefits for him on healthcare.gov. They request a full review by TennCare.
After 45 days, Colt’s parents file a delay appeal.

On September 5, they receive a CoverKids card for Colt with an effective date of September 1.
Colt

Colt’s mom calls CoverKids to see if they will backdate his coverage to cover costs of the accident.

The CoverKids representative finds out the family has private insurance, terminates Colt’s coverage and tells the family they may be prosecuted for fraud.

The family still owes $20,000 from Colt’s surgery and hospital stay.

WHAT NOW?
Best Practices Guide for TennCare Applications and Appeals

- Where to Apply – Can be multiple agencies
- How to Apply – In order of preference
- How to File an Appeal + Follow-up
- Possible Outcomes, What to Do, What to Attach
- Other Helpful Stuff

https://www.tnjustice.org/resources/toolkit/
What is TJC’s Independence Initiative?

• Independence helps seniors and adults with disabilities live independently
• Independence includes **two** areas of advocacy:
  – CHOICES Long Term Services & Supports
  – Public Benefit Enrollment
Public Benefit Enrollment

- Goal = help 1,000 Tennessee Seniors and adults with disabilities enroll in **five core services:**

1. **Medicare Savings Programs (MSPs):** help with paying Medicare copays and premiums
2. **Medicare Part D Extra Help (LIS):** help with paying for medication
3. **TennCare:** Tennessee’s state Medicaid health insurance
4. **Supplemental Nutrition Assistance Program (SNAP):** Formerly called food stamps. Help with monthly food & groceries
5. **Low Income Home Energy Assistance Program (LIHEAP):** help with home heating and cooling bills
Public Benefit Enrollment

• We help seniors and adults with disabilities across the entire state of Tennessee
• We help with all enrollment steps from start of application to receiving of benefits
• All services are free!
• Please Contact:

  Jana Hall,
  Senior Outreach & Enrollment Coordinator
  jhall@tnjustice.org
  615-846-4703
  877-608-1009, ext.203 toll free
Technical Assistance

- TJC will help troubleshoot complex cases that you have not been able to resolve on your own.
- You can refer complex cases to TJC for expert case management.

Email Keila Franks at kfranks@tnjustice.org
Closing Remarks

Nancy Anness
Vice President
Advocacy, Access, and Community Outreach at Saint Thomas Health
Closing Remarks

Michele Johnson, J.D.
Co-founder & Executive Director
Tennessee Justice Center
What does TJC do?

Advocate for Tennesseans

Provide trainings

Help clients one-on-one

tnjustice.org
Thank you for joining us!

“Oh of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

-Martin Luther King, Jr.