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How Tennessee Became an Outlier in the Rising Number of Uninsured Children and What Must Happen to Reverse the Trend

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According to a study of U.S. Census Bureau data by the Center for Children and Families at the Georgetown University Health Policy Institute, Tennessee saw a 20% increase in the number of uninsured children in 2017. It was one of only nine states to see a statistically significant increase in the percentage of uninsured children.[1] This fact demands the attention of Tennessee state officials. On an issue as important as ensuring that all children have health coverage, why is Tennessee an outlier? Are state policies contributing to the rise in the number of uninsured children? Can the state take any steps to address the problem?

The first places to look in attempting to answer these questions are the state's public health insurance programs: TennCare, the state's Medicaid program, and CoverKids, the state's Children's Health Insurance Program (CHIP), which together have traditionally covered over half of Tennessee's children. Those crucial programs have seen a marked decline in enrollment over the past two years, coinciding with the overall decline in the percentage of Tennessee children with health coverage. According to TennCare data, the number of children enrolled in TennCare between December 2016 and June 2019, enrollment declined by a net figure of over 66,000. CoverKids enrollment declined by over 30,000 in 2018 alone. (CoverKids enrollment data for 2017 is not available on TennCare's website.) As will be discussed below, those net enrollment numbers include new children enrolling in the programs. The net figures, though disturbing in themselves, therefore understate the much larger total of children cut from the two programs.

The increasing percentage of uninsured children in Tennessee suggests that many of the children losing TennCare or CoverKids are not moving onto private coverage through a parent's employer, but instead are being left with no health coverage at all.

State officials claim that the declining enrollment in TennCare and CoverKids is the result of the state's improving economy since the Great Recession, which they claim has made many children ineligible for state programs. This assertion does not stand up to scrutiny. According to state data supplied to the Tennessee Justice Center in response to a public records request, between 2016 and 2018, TennCare terminated coverage for at least 220,000 children because of alleged problems with paperwork, not because the state determined that the children were no longer eligible.[2] The state has no way of knowing how many of those children remain financially eligible for TennCare or CoverKids. Given Tennessee's eligibility rules that broadly cover children, most children undergoing the redetermination of eligibility should have remained eligible, had the state correctly assessed their eligibility and not simply cut them off for administrative reasons.

This policy brief examines the state policies and administrative problems that have contributed to the rising number of uninsured children in Tennessee. Specifically, it suggests that TennCare's five-year delay in implementing its new computerized TennCare eligibility determination system (TEDS) has forced the state to rely on an unreliable, ad hoc, and highly manual process for redetermining the eligibility of TennCare and CoverKids enrollees, which has caused many children to lose coverage despite remaining eligible for these programs.

TennCare should reinstate all children who have had their health coverage terminated until it has accurately determined that they do not meet current eligibility requirements. TennCare should also promptly investigate why so many children lost coverage on administrative grounds. Only then can the state determine whether it is taking all reasonable steps to ensure that every child who is eligible for TennCare and CoverKids is enrolled and receiving the important health benefits of coverage.

Public Health Coverage for Children: Medicaid, CHIP, and the ACA

The United States has three main public programs for providing health insurance to children: Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA). Public coverage for children was once limited largely to children in poverty. In the past decade, however, many families have found that dependent coverage has become unaffordable, if it is available at all. The three programs have therefore expanded to meet the needs of middle income children and even, in the case of children with severe medical needs, families with higher incomes. Together, the programs reflect the nation's commitment, and a commitment of the State of Tennessee, to ensuring that nearly all American children should have health coverage.

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Of the three crucial children's health coverage programs, Medicaid is by far the largest. Medicaid is a joint federal-state program that provides federal matching funds to states to provide medical assistance "to individuals whose income and resources are insufficient to meet the costs of necessary medical services."[3] Tennessee's Medicaid program is known as TennCare.

Since its founding in 1965, Medicaid eligibility expansions have contributed to a significant decline in the national rate of uninsured children. Initially, Medicaid coverage was only available to children whose families participated in the federal cash assistance program, Aid to Families With Dependent Children (AFDC). Relatively few children were eligible for coverage due to restrictive AFDC eligibility income limits. Beginning in 1984, Congress took steps to delink Medicaid and AFDC and expand Medicaid eligibility for children with family incomes above poverty. Income limits vary by age, so that TennCare now covers infants with incomes twice the federal poverty level (FPL) ($51,500 annually for a family of four), while teens are covered up to 138% of the FPL ($35,535 annually for a family of four). And, if a child has a serious disability or other special health care need, she may qualify for TennCare at an income that is much higher still. There are additional categories of TennCare coverage for some children who are enrolled in TennCare but whose household income rises above the income limits for MAGI Medicaid. Details of TennCare eligibility requirements for children is attached as Appendix 1.

Children who become ineligible for one category of Medicaid cannot have their coverage terminated until the State makes sure that they are not eligible in any of TennCare's other categories.[4]

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Other federal and state insurance affordability programs for children supplement TennCare. In 1997, Congress created the Children's Health Insurance Program (CHIP) to provide coverage for children whose families had incomes too high to qualify for Medicaid but too low to afford private insurance. Tennessee's CHIP program is known as CoverKids. It provides coverage for children in families with incomes up to 255% of the FPL ($64,375 annually for a family of four).

In addition to providing a new source of health insurance, CHIP included policies designed to increase the enrollment in Medicaid and CHIP coverage among children who were eligible but not enrolled, such as allowing states to disregard asset tests, eliminating face-to-face interview requirements, and granting children immediate coverage through "presumptive eligibility."
If a child's household income is too high for either TennCare or CHIP, the ACA provides that uninsured children in most instances can qualify for publicly subsidized health insurance offered through the federally facilitated marketplace (FFM), also known by its website address as Healthcare.gov. Federal premium tax credits subsidize such coverage up to 400% of the FPL ($103,000 annually for a family of four).

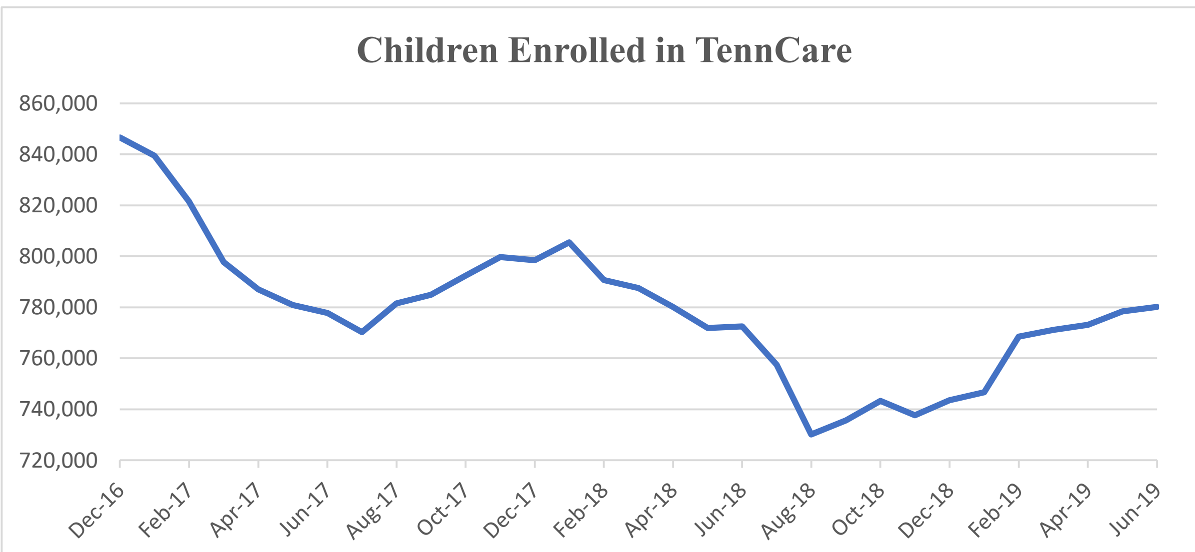
The ACA also requires state Medicaid agencies to transfer the application files of any individuals it finds ineligible for Medicaid or CHIP, either at the time of application or during any periodic redetermination of eligibility, to the FFM so that they can have the opportunity to enroll in a subsidized health plan.[5]

The array of different TennCare eligibility categories covering children is such that only a relatively small percentage of children should be removed from the program during redetermination. Those that do become financially ineligible for TennCare and who do not qualify for dependent coverage through a parent's employer-sponsored insurance can qualify for coverage through CoverKids (CHIP) or a subsidized health plan available from the FFM. Taken together, these programs are meant to ensure that, as a family's income changes, their children will in most cases still be assured of access to affordable public coverage, without interruption.

Expansions of Medicaid eligibility and the enactment of CHIP succeeded in cutting children's uninsurance in half between 1997 and 2012.[6] The decline in children's uninsurance continued with the implementation of the Affordable Care Act in 2014, reaching an all-time national low of 5 percent in 2016.[7] Tennessee achieved an all-time low rate of children's uninsurance in 2016, when the rate declined to 3.7%.[8]

Children's loss of coverage through TennCare and CoverKids

After achieving historic low rates of uninsured children in Tennessee, the number of children enrolled in TennCare and CoverKids began to erode in 2017 and 2018. According to TennCare's enrollment data, 846,595 children were enrolled in TennCare in December 2016. By December 2018, only 743,524 children were enrolled in TennCare, for a net decline of 103,071 children in only two years. Enrollment has increased in 2019 but still remains 66,496 below the level of enrollment at the end of 2016.



Source: TennCare Enrollment Data, 2017-2018
https://www.tn.gov/tenncare/information-statistics/enrollment-data.html

In addition, over a net of 30,000 children lost coverage through CoverKids in the past year, from 70,583 children enrolled in January 2018 to 40,344 children enrolled in December 2018.[9] CoverKids enrollment data for 2017 is not available on the CoverKids website.

These figures are based on the total number of children enrolled in TennCare in a given month. Since new children enroll in the program each month, the number of children cut from TennCare and CoverKids over this period was therefore much higher than the net decline in enrollment. Between the end of 2016 and end of 2018, over 220,000 children were cut from TennCare alone. We cannot know from publicly available data how many of those children managed to regain coverage and are therefore counted in the net enrollment figures. However, we can be confident that the number of children who were cut off, and who remain uninsured, is substantially larger than 66,496, which represents the net decline in enrollment since the beginning of 2017.

These enrollment declines might not be troubling if the children losing public coverage were moving to private health coverage through their parents' employers or onto subsidized private plans available through the ACA's health insurance marketplace. Unfortunately, the available evidence suggests that a significant number of the children losing TennCare or CoverKids may be left with no coverage at all. According to a study of U.S. Census Bureau data by the Center for Children and Families at the Georgetown University Health Policy Institute, Tennessee saw a 20% increase in the number of uninsured children in 2017 and was one of only nine states to see a statistically significant increase in the percentage of uninsured children.[10] The annual survey report by University of Tennessee's Center for Business and Economic Research estimates that the number of uninsured children is substantially lower than the Census Bureau estimates. But the U.T. survey also shows a "significant increase" in the overall rate of children's uninsurance. According to U.T., after a slight decline in the rate in 2017, the rate rose by more 50% in 2018.[11] (Census data on 2018 rates of children's uninsurance are not yet available.) More than half of uninsured children are thought to be eligible for Medicaid or CHIP but are not currently enrolled.[12]

Why are Children Losing TennCare and CoverKids Coverage?

Tennessee state officials claim that children are losing state health insurance because the improvement in Tennessee's economy since the Great Recession has made many children ineligible for state programs. It is true that public health insurance programs like Medicaid and CHIP are countercyclical. During economic downturns, when individuals lose their jobs and incomes decline, more people qualify and enroll in Medicaid and CHIP. As economic conditions improve, fewer people qualify and enrollment numbers decline. Some children are therefore likely to become ineligible for TennCare and CoverKids as the state's economy recovers. But an increase in a parent's earnings is no guarantee of a child's access to employer-sponsored health insurance, because employer-sponsored family coverage is unaffordable for most families with moderate incomes. In 2014, only 41% of children with family incomes up to 250% FPL were covered through their parents' employers, and that number has declined in the intervening years.[13]

An examination of county-level data refutes officials' speculation that children have lost TennCare and CHIP because of improvement in their families' financial circumstances. The data shows that counties which have suffered the highest rates of loss of children's coverage are also among the counties with the state's highest unemployment rates.[14]

However, data provided by TennCare shows that over 220,000 of the at least 238,313 children who lost coverage during 2016-2019 were cut not because their household income increased above the limits for coverage, but because TennCare claims their parents failed to return completed renewal packets or other documents to TennCare. Given the array of different categories of Medicaid and CHIP coverage for which children can qualify, these numbers are staggering, and far in excess of what could be expected if their eligibility were accurately determined. Unfortunately, they are the predictable result of TennCare's dysfunctional process for redetermining the eligibility of its enrollees.

By law, TennCare is required to redetermine the eligibility of most enrollees once a year to ensure that enrollees continue to meet the eligibility criteria for the program.[15] For decades, TennCare redeterminations were processed by the Tennessee Department of Human Services using a computer system called ACCENT.[16]

The Affordable Care Act changed how Medicaid and CHIP eligibility was calculated for certain categories of individuals. In 2012, the state determined that it would not be possible to update the decades-old ACCENT system to comply with the new eligibility rules, so TennCare entered into a $35.7 million contract for the development of a new computer system to be called the TennCare Eligibility Determination System (TEDS). TEDS was required by law to be operational by October 1, 2013, but it would not become operable until March 2019, and its final cost would exceed $400 million.[17]

From the start, TEDS was plagued by numerous setbacks and delays. In June 2013, TennCare Commissioner Darin Gordon reported to the federal Centers for Medicare and Medicaid Services (CMS) that TEDS would not be ready by the October 1, 2013 deadline. In response, CMS required the state to submit a "Mitigation Plan" to minimize the adverse impact on applicants and enrollees caused by its lack of a computer eligibility system. When the new eligibility and enrollment provisions of the ACA took effect in January 2014, and TEDS was still not operable, CMS approved another mitigation plan in an effort to work around the state's noncompliance and lack of IT capacity.

A key component of the mitigation plans was a provision allowing the State to refer almost all applications to the FFM for a determination of TennCare eligibility. This was a function the FFM was not designed to perform, and initially there were pervasive delays and defects in the processing of TennCare applications. Those delays, and the State's refusal to afford delayed applicants an appeal to redress the delays, prompted a class action lawsuit in which the district court entered a preliminary injunction against the state that was upheld by the Sixth Circuit Court of Appeals. *Wilson v. Gordon*, 822 F.3d 934 (6th Cir. 2016).

Just as TennCare could not process new applications without a working computer system, TennCare also could not conduct annual redeterminations of eligibility for current enrollees. Thus, TennCare sought and obtained a federal waiver of annual redeterminations for 2014.[18] TennCare then submitted a Tennessee Redetermination Plan to CMS in December 2014, which was formally approved in October 2015, allowing TennCare to restart redeterminations of eligibility despite the ongoing lack of a computer system.

The Redetermination Plan laid out a three-phase process for resuming redeterminations of eligibility for TennCare enrollees. In phase one, TennCare used information from the Supplemental Nutrition Assistance Program (SNAP, formerly known as "food stamps") to redetermine the eligibility of some enrollees who received both SNAP and Medicaid benefits. In phase two, TennCare identified other categories of enrollees that appeared likely to remain eligible for Medicaid and sent them a letter asking if there had been any changes to their household composition or income. TennCare renewed the coverage of those who responded that nothing had changed in either their household composition or income. Enrollees who responded that something had changed or who did not respond were pushed to phase three.[19]

For phase three, TennCare entered into a contract with Maximus Health Services, Inc. (Maximus) to conduct manual redeterminations on the remaining enrollees. In late 2016, Maximus began mailing “renewal packets” to the remainder of TennCare enrollees who had not been redetermined in phase one or two. The renewal packets were ninety-eight pages long (49 pages in English, and 49 pages in Spanish) and were not pre-populated with information already available to TennCare, as required by federal law.[20] Enrollees had forty days to complete and return the packet or their coverage will be terminated.

Many enrollees report never receiving renewal packets, despite having provided TennCare with their correct address. This is not surprising given the state’s struggles to maintain a reliable record of enrollee’s addresses. In 2014, the State contracted with a private vendor, Cognasante, LLC, to operate a TennCare call center. The call center was originally known as Tennessee Health Connection, or TNHC, and in 2019 was renamed TennCare Connect. TNHC had serious chronic problems involving interminable wait times on hold, dropped calls, and operators who dispensed inaccurate information. Specifically, according to public statements made by TennCare officials, Cognasante failed to reliably record enrollee address changes reported to TNHC. In July 2015, the State announced that it was terminating the contract with Cognasante and was hiring Automated Health System to administer TNHC.

TennCare’s implementation of phase three of the Redetermination Plan led to widely-reported problems with individuals being terminated from the program despite remaining eligible.[21] Many individuals whose coverage was terminated reported that they never received a renewal packet or other notices. Others reported that they had completed and returned the renewal packet or other information, but the TennCare call center could not confirm receipt. Some enrollees lost coverage after returning completed renewal packets for another family member containing all the information necessary to redetermine their own eligibility, because Maximus could not link eligibility information to all members of a family. These problems led to an investigation by the Tennessee Comptroller into individuals being terminated from TennCare-administered Medicare Savings Programs (MSPs).[22]

The beginning of terminations of coverage in phase three of TennCare’s redetermination plan in 2017 coincides with the decline in TennCare and CoverKids coverage for children. The well-documented problems with the redetermination process demand that state officials investigate the dramatic decline in TennCare and CoverKids enrollment and take action to ensure that any child who lost coverage despite remaining eligible is promptly reenrolled in these programs.

Conclusion

In March, 2019, TennCare went live with TEDS on a statewide basis.[23] The completion of TEDS has long been promised as the solution for all of the problems with TennCare’s application and redetermination process. Early reports suggest some skepticism is in order. Just before the statewide “go live” date for TEDS, TennCare financially penalized the contractor operating its application processing center $142,000 in February 2019 for not processing calls quickly or accurately enough and threatened to withhold another $197,000 at the beginning of March 2019.[24]

But even if TEDS functions as promised going forward, that does nothing for the thousands of children who likely lost TennCare or CoverKids coverage in the past two years despite remaining eligible. TennCare should reinstate all children who have had their health coverage terminated until it has accurately determined that they do not meet current eligibility requirements. TennCare should also promptly investigate why so many children lost coverage on administrative grounds. Rather than resorting to defensive speculation to explain away Tennessee's alarming loss of children's coverage, state officials should give this health crisis the serious consideration it demands. Only then can the state determine whether it is taking all reasonable steps to ensure that every child who is eligible for TennCare and CoverKids is enrolled and receiving the important health benefits of coverage.

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[1] Joan Alker and Olivia Pham, "Nation's Progress on Children's Health Coverage Reverses Course," Center for Children and Families, Georgetown University Health Policy Institute (November 2018), .https://ccf.georgetown.edu/wp-content/uploads/2018/11/UninsuredKids2018_Final_asof1128743pm.pdf.

[2] Brett Kelman and Mike Reicher, "At least 220,000 Tennessee kids faced loss of health insurance due to lacking paperwork," *The Tennessean* (July 14, 2019), https://www.tennessean.com/story/news/investigations/2019/07/14/tenncare-coverkids-medicaid-children-application-insurance-denied/1387769001/.

[3] 42 U.S.C. § 1396-1.

[4] 42 C.F.R. §§ 435.911 and 435.916(f)((2); *Rosen v. Goetz,* 410 F.3d 919 (6th Cir. 2005).

[5] 42 C.F.R. § 435.1200(e).

[6] Alisa Chester and Joan Alker, "Medicaid at 50: A Look at the Long-Term Benefits of Childhood Medicaid," Center for Children and Families, Georgetown University Health Policy Institute (July 2015), https://ccf.georgetown.edu/2015/07/27/medicaid-50-look-long-term-benefits-childhood-medicaid.

[7] Samantha Artiga and Petry Ubri, "Key Issues in Children's Health Coverage," Kaiser Family Foundation (Feb. 15, 2017), https://www.kff.org/medicaid/issue-brief/key-issues-in-childrens-health-coverage/.

[8] 8 Joan Alker and Olivia Pham, "Nation's Progress on Children's Health Coverage Reverses Course," Center for Children and Families, Georgetown University Health Policy Institute (November 2018), .https://ccf.georgetown.edu/wp-content/uploads/2018/11/UninsuredKids2018_Final_asof1128743pm.pdf.

[9] CoverKids Enrollment Data, https://www.tn.gov/coverkids/enrollment-data-.html.

[10] Joan Alker and Olivia Pham, "Nation's Progress on Children's Health Coverage Reverses Course," Center for Children and Families, Georgetown University Health Policy Institute (November 2018), .https://ccf.georgetown.edu/wp-content/uploads/2018/11/UninsuredKids2018_Final_asof1128743pm.pdf.

[11] LeAnn Luna and Emily Pratt, "The Impact of TennCare: A Survey of Recipients, 2018, University of Tennessee Center for Business and Economic Research (September 2018), http://cber.haslam.utk.edu/tncare/tncare18.pdf

[12] Jennifer M. Haley et al., "Uninsurance and Medicaid/CHIP Participation Among Children and Parents: Variation in 2016 and Recent Trends," Urban Institute (September 27, 2018), https://www.urban.org/research/publication/uninsurance-and-medicaidchip-participation-among-children-and-parents-variation-2016-and-recent-trends/view/full_report.

[13] Kaiser Family Found., *Trends in Employer-Sponsored Insurance Offer and Coverage Rates: 199-2014*, 7 (2016) http://files.kff.org/attachment/issue-brief-trends-in-employer-sponsored-insurance-offer-and-coverage-rates-1999-2014-2; Peterson-Kaiser Health Tracker, *Long-Term Trends in Employer-Based Coverage* (January 30, 2019), https://www.healthsystemtracker.org/brief/long-term-trends-in-employer-based-coverage/#.

[14] Compare counties' percentage declines in children's TennCare enrollment, compiled at https://docs.google.com/spreadsheets/d/1oYS62841-Hnak08CnD8-PkB90ZOoRE6xXfmKW563noM/edit#gid=0, with county unemployment rates, available at https://www.tn.gov/workforce/general-resources/news/2019/1/24/majority-of-tennessee-counties-see-unemployment-rates-drop.html.

[15] 42 C.F.R. § 435.916

[16] Tennessee Comptroller of the Treasury, Review of TennCare Eligibility Determinations (December 6, 2017), https://comptroller.tn.gov/content/dam/cot/sa/advanced-search/2017/tenncarememoandreport.pdf.

[17] Brett Kelman, "After five years and $400 million, TennCare quietly launches new application system," *The Tennessean* (March 18, 2019), https://www.tennessean.com/story/news/health/2019/03/18/tenncare-connect-goes-online-400-m-and-5-years-after-obamacare/3108268002/.
[18] Letter from Anne Marie Costello to Darin Gordon (October 21, 2015), https://www.tn.gov/content/dam/tn/tenncare/documents2/CMSApprovalofTennesseeReverificationPlan.pdf.
[19] Tennessee Comptroller of the Treasury, Review of TennCare Eligibility Determinations (December 6, 2017), https://comptroller.tn.gov/content/dam/cot/sa/advanced-search/2017/tenncarememoandreport.pdf.
[20] 42 C.F.R. § 435.916(a)(3).
[21] Mariah Timms, "Seniors left scrambling after TennCare makes cuts to Social Security checks," *The Tennessean* (July 23, 2017), https://www.dnj.com/story/news/2017/07/21/seniors-left-scrambling-after-tenncare-cuts-social-security-checks/479597001/; Mariah Timms, "Springfield family caught in TennCare enrollment gap," *The Tennessean* (August 8, 2017), https://www.tennessean.com/story/news/local/robertson/2017/08/08/springfield-family-caught-tenncare-enrollment-gap/537884001/; Andy Sher, "State Auditor: Some TennCare enrollees having problems renewing Medicaid coverage," *Times Free Press* (December 7, 2017), https://www.timesfreepress.com/news/politics/state/story/2017/dec/07/tenncare-says-addressing-problems-found-audit/458701/; Mariah Timms, "TennCare: As some Tennesseans go hungry to pay for health insurance, Comptroller's review highlights weaknesses, progress." *Daily News Journal* (December 6, 2017), https://www.dnj.com/story/news/2017/12/06/tenncare-comtprollers-review-highlights-weaknesses-progress-some-tennesseans-go-hungry-pay-health/909808001/.
[22] Tennessee Comptroller of the Treasury, Review of TennCare Eligibility Determinations (December 6, 2017), https://comptroller.tn.gov/content/dam/cot/sa/advanced-search/2017/tenncarememoandreport.pdf.
[23] Brett Kelman, "After five years and $400 million, TennCare quietly launches new application system," *The Tennessean* (March 18, 2019), https://www.tennessean.com/story/news/health/2019/03/18/tenncare-connect-goes-online-400-m-and-5-years-after-obamacare/3108268002/.
[24] *Id.*

Appendix 1

Children's Eligibility for Public Health Programs in Tennessee

Category	Who Qualifies	Monthly Income Limit	Resource Limit
MAGI Medicaid	Children under age 19	Up to age 1, with incomes up to 200% of the federal poverty level ("FPL"), currently $4,292 for a family of four; Ages 1-5, with incomes up to 147% of the FPL ($3,155 for a family of four); Ages 6-18, with incomes up to 138% of the FPL ($2,961 for a family of four).	None
Medically Needy Spend Down	Children under age 21	Child must either have countable income less than the figures below OR must have sufficient 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 Spend Down Formula: Total HH Countable Income – Medical Expenses	Family of 1: $2,000; Family of 2: $3,000; Add $100 per additional individual (Exclude homestead and one car)
SSI (Supplemental Security Income)	Children with disabilities	$791 monthly	Family of 1: $2,000; Family of 2: $3,000; (Exclude homestead and one car)

Appendix 1

Disabled Adult Child (DAC)	Children who would be eligible for SSI but for receiving SSDI based on a parent's work history.	$791 monthly, excluding total SSDI benefits based on a parent's work history which caused loss of SSI.	Family of 1: $2,000; Family of 2: $3,000; (Exclude homestead and one car)
Institutionalized individuals	Children in a medical institution for more than 30 consecutive days	$2,313 monthly (300% of SSI Federal Benefit Rate) Only the applicant's income counts and applicant's share of resources.	$2,000 Exclude car and usually homestead
Employment and Community First (ECF) CHOICES	Children with intellectual/ developmental disabilities who need specialized services.	$2,313 (300% of SSI/ full Federal Benefit Rate)	$2,000 Exclude car and usually homestead
TennCare Standard: Uninsured	Children under age 19 who are losing TennCare Medicaid eligibility and who do not have access to insurance through a parent's employer.	Family of 1: $2,196 Family of 2: $2,972 Family of 3: $3,749 Family of 4: $4,528	None
TennCare Standard: Medically Eligible	Children under age 19 who are losing TennCare Medicaid eligibility, who do not have access to employer-sponsored insurance, and who have a qualifying medical condition.	No limit	None

Appendix 1

Transitional Medicaid	Children under age 19 who are losing MAGI Medicaid due to an increase in household income and who had MAGI Medicaid for 3 out of 6 months immediately preceding the month of MAGI Medicaid ineligibility.	Household income the month prior to losing eligibility must have been below the following limits: Family of 1: $1,070 Family of 2: $1,399 Family of 3: $1,699 Family of 4: $1,974	None
Extended Medicaid	Children under age 19 who are losing MAGI Medicaid due to an increase in a parent's spousal support and who had MAGI Medicaid for 3 out of 6 months immediately preceding the month of MAGI Medicaid ineligibility.	Household income the month prior to losing eligibility must have been below the following limits: Family of 1: $1,070 Family of 2: $1,399 Family of 3: $1,699 Family of 4: $1,974	None
CoverKids	Children under age 19 who are not eligible for TennCare and are not enrolled in any other health plan.	Family of 1: $2,655 Family of 2: $3.593 Family of 3: $4,532 Family of 4: $5,472	None