

## **CHIP Eligibility**

State Name: Tennessee  Transmittal Number: TN - 14 - 0010					OMB Control Number: 0938-1148 Expiration date: 10/31/2014		
Eligibility fo	ir N	ledicaid Expa	nsion Progran	d design		CS3	
42 CFR 457.32	0(a)(	(2) and (3)					
Income eligibil	ity fo	or children under t	he Medicaid Expa	ansion is determined in	accordance with the following inc	come standards:	
There should be	e no	overlaps or gaps f	or the ages entere	d.			
Age and H	ouse	hold Income Rang	ges				
		From Age	To Age	Above (% FPL)	Up to & including (% FPL)	•	
	+	6	14	109	133	x	
	+	14	19	29	133	X	

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Approval Date: \_\_\_\_\_ Effective Date: January 1, 2014

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