Records / Submission Packages - Your State

# TN - Submission Package - TN2020MS0002O - (TN-21-0010) - Eligibility

Summary Reviewable Units Versions Correspondence Log Approval Letter News Related Actions

CMS-10434 OMB 0938-1188

# Medicaid State Plan Eligibility

### **AFDC Income Standards**

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### **Package Header**

Package ID	TN2020MS0002O	SPA ID	TN-21-0010
Submission Type	Official	Initial Submission Date	12/29/2021
Approval Date	3/23/2022	Effective Date	10/1/2021
Superseded SPA ID	TN 14-0005		
	System-Derived		

### A. MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

#### Statewide standard

#### The statewide standard is:

Household size	Standard
1	\$104.00
2	\$153.00
3	\$198.00
4	\$240.00
5	\$281.00
6	\$324.00
7	\$367.00
8	\$410.00
9	\$453.00
10	\$495.00
11	\$539.00
12	\$580.00
13	\$623.00
14	\$666.00
15	\$709.00
16	\$752.00
17	\$793.00
18	\$836.00
19	\$879.00
20	\$921.00

### The state uses an additional incremental amount for larger household sizes.

🔵 Yes 💿 No

#### The dollar amounts increase automatically each year

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

# **Package Header**

TN2020MS0002O	SPA ID	TN-21-0010
Official	Initial Submission Date	12/29/2021
3/23/2022	Effective Date	10/1/2021
TN 14-0005		
	TN2020M50002O Official 3/23/2022 TN 14-0005	OfficialInitial Submission Date3/23/2022Effective Date

System-Derived

# B. AFDC Payment Standard in Effect As of July 16, 1996

#### Statewide standard

The statewide standard is:

Household size	Standard
1	\$95.00
2	\$142.00
3	\$185.00
4	\$226.00
5	\$264.00
6	\$305.00
7	\$345.00
8	\$386.00
9	\$425.00
10	\$467.00
11	\$508.00
12	\$549.00
13	\$589.00
14	\$630.00
15	\$670.00
16	\$711.00
17	\$750.00
18	\$790.00
19	\$831.00
20	\$871.00

The state uses an additional incremental amount for larger household sizes.

🔵 Yes 💿 No

#### The dollar amounts increase automatically each year

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

# **Package Header**

Package ID	TN2020MS0002O	SPA ID	TN-21-0010
Submission Type	Official	Initial Submission Date	12/29/2021
Approval Date	3/23/2022	Effective Date	10/1/2021
Superseded SPA ID	TN 14-0005		
	System-Derived		

# C. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

#### Statewide standard

The statewide standard is:

Household size	Standard
1	\$119.00
2	\$174.00
3	\$225.00
4	\$274.00
5	\$321.00
6	\$370.00
7	\$418.00
8	\$467.00
9	\$515.00
10	\$565.00
11	\$614.00
12	\$663.00
13	\$712.00
14	\$761.00
15	\$809.00
16	\$858.00
17	\$905.00
18	\$954.00
19	\$1003.00
20	\$1051.00

The state uses an additional incremental amount for larger household sizes.

🔵 Yes 💿 No

### The dollar amounts increase automatically each year

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

# Package Header

Package ID	TN2020MS0002O	SPA ID	TN-21-0010
Submission Type	Official	Initial Submission Date	12/29/2021
Approval Date	3/23/2022	Effective Date	10/1/2021
Superseded SPA ID	TN 14-0005		
	System-Derived		

# D. AFDC Need Standard in Effect As of July 16, 1996

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

# **Package Header**

Package ID	TN2020MS0002O	SPA ID	TN-21-0010
Submission Type	Official	Initial Submission Date	12/29/2021
Approval Date	3/23/2022	Effective Date	10/1/2021
Superseded SPA ID	TN 14-0005		
	System-Derived		

E. AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

# **Package Header**

Package ID	TN2020MS0002O	SPA ID	TN-21-0010
Submission Type	Official	Initial Submission Date	12/29/2021
Approval Date	3/23/2022	Effective Date	10/1/2021
Superseded SPA ID	TN 14-0005		
	System-Derived		

F. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

# **Package Header**

Package ID	TN2020MS0002O	SPA ID	TN-21-0010
Submission Type	Official	Initial Submission Date	12/29/2021
Approval Date	3/23/2022	Effective Date	10/1/2021
Superseded SPA ID	TN 14-0005		
	System-Derived		

# G. TANF payment standard

#### Statewide standard

The statewide standard is:

Household size	Standard
1	\$696.00
2	\$896.00
3	\$1066.00
4	\$1211.00
5	\$1335.00
6	\$1441.00
7	\$1534.00
8	\$1617.00
9	\$1691.00
10	\$1760.00
11	\$1824.00
12	\$1885.00
13	\$1944.00
14	\$2001.00
15	\$2055.00
16	\$2107.00
17	\$2155.00
18	\$2197.00
19	\$2232.00
20	\$2257.00

The state uses an additional incremental amount for larger household sizes.

🔵 Yes 💿 No

### The dollar amounts increase automatically each year

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

### **Package Header**

Package IDTN2020MS00020SPA IDTN-21-0010Submission TypeOfficialInitial Submission Date2/29/2021Approval Date3/23/2022Effective Date10/1/2021Superseded SPA IDTN 14-0005The Submission DateThe Submission DateThe Submission Date

System-Derived

# H. MAGI-equivalent TANF payment standard

#### Statewide standard

The statewide standard is:

Household size	Standard
1	\$1018.00
2	\$1329.00
3	\$1611.00
4	\$1867.00
5	\$2102.00
6	\$2320.00
7	\$2524.00
8	\$2718.00
9	\$2903.00
10	\$3084.00
11	\$3259.00
12	\$3431.00
13	\$3601.00
14	\$3770.00
15	\$3935.00
16	\$4098.00
17	\$4257.00
18	\$4411.00
19	\$4557.00
20	\$4693.00

The state uses an additional incremental amount for larger household sizes.

🔵 Yes 💿 No

#### The dollar amounts increase automatically each year

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS00020 | TN-21-0010

# Package Header

Package ID	TN2020MS0002O	SPA ID	TN-21-0010
Submission Type	Official	Initial Submission Date	12/29/2021
Approval Date	3/23/2022	Effective Date	10/1/2021
Superseded SPA ID	TN 14-0005		
	System-Derived		

# I. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

#### This view was generated on 3/29/2022 12:52 PM EDT