

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

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CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | 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Superseded SPA ID	TN 92-7		
	User-Entered		

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

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

Package Header

Package ID TN2020MS00020
Submission Type Official
Approval Date 3/23/2022
Superseded SPA ID TN 92-7
User-Entered

SPA ID TN-21-0010
Initial Submission Date 12/29/2021
Effective Date 10/1/2021

B. Resource Level Used

The level used is:

Household size	Standard
1	\$2000.00
2	\$3000.00
3	\$3100.00
4	\$3200.00
5	\$3300.00
6	\$3400.00
7	\$3500.00
8	\$3600.00
9	\$3700.00
10	\$3800.00

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

- Yes
- No

Incremental Amount:
\$100.00

Medically Needy Resource Level

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

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Approval Date	3/23/2022	Effective Date	10/1/2021
Superseded SPA ID	TN 92-7		
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C. Additional Information (optional)

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