

# 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

### Eligibility Groups - Mandatory Coverage

#### Extended Medicaid due to Spousal Support Collections

MEDICAID | Medicaid State Plan | Eligibility | TN2020MS0002O | TN-21-0010

Families with Medicaid eligibility extended for 4 months as the result of the collection of spousal support.

#### Package Header

<b>Package ID</b>	TN2020MS0002O	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 92-6		
	User-Entered		

The state covers the mandatory extended Medicaid due to spousal support collections group in accordance with the following provisions:

#### A. Characteristics

- Parents or other caretaker relatives qualifying under this eligibility group must meet the following criteria:
  - The individual must have lost eligibility under the parents and other caretaker relatives eligibility group (42 CFR 435.110) because the household's income exceeds the income standard due to increased collection of spousal support under Title IV-D of the Act.
  - The individual was covered under the parents and other caretaker relatives eligibility group (42 CFR 435.110) for at least three months out of the six months immediately preceding the month that eligibility was lost.
- Dependent children qualify under this group if and when they lose eligibility for the infants and children under age 19 eligibility group (42 CFR 435.118) during their parents or caretaker relative's extended period of eligibility under this group.

#### B. Period of Extension

The extended eligibility period is four months.

# Extended Medicaid due to Spousal Support Collections

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

## Package Header

<b>Package ID</b>	TN2020MS00020	<b>SPA ID</b>	TN-21-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/29/2021
<b>Approval Date</b>	3/23/2022	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	TN 92-6		
	User-Entered		

## C. 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 in efforts to boost 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 unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this 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 1:16 PM EDT*