

Health Care Finance and Administration	Section: General Administrative Procedures and Compliance
Policy Manual Number: 200.040	Chapter: Eligibility Determination

ELIGIBILITY DETERMINATION

Legal Authority: 20 CFR 416.701; 20 CFR 416.708; 20 CFR 416.714; 42 CFR 435.906; 42 CFR 435.907; 42 CFR 435.908; 42 CFR 435.909; 42 CFR 435.910; 42 CFR 435.911; 42 CFR 435.912; 42 CFR 435.913; 42 CFR 435.915; 42 CFR 457.340; 42 CFR 457.330; 42 CFR 457.340; TennCare II Demonstration Waiver

1. Policy Statement

All HCFA applications are disposed of by a finding of eligibility or ineligibility, unless there is supporting documentation that the applicant is deceased prior to the application date, cannot be located, or has voluntarily withdrawn her application. An individual is eligible for TennCare Medicaid or CoverKids when he meets the financial and non-financial eligibility requirements. All facts used by HCFA to substantiate an eligibility determination are recorded in the individual's case. A decision will be rendered in each case, and the individual will be notified of the decision.

2. Timely Determinations and Processing Time Limits

An eligibility determination and notice of such determination must be sent to an individual:

- Within ninety (90) days from the date of application for individuals applying for Medicaid based on a disability; or
- Within forty-five (45) days from the date of application for all other individuals.

The above time standards are not used as a waiting period to determine eligibility, nor considered an acceptable reason to deny eligibility when the determination is not made within these standards.

The 45 and 90 day processing time frame may be extended in the following situations:

- The individual delays required action until the end of the allowed timeframe; or
- The individual has requested assistance in obtaining verifications; or
- An administrative or other emergency beyond HCFA's control.

All processing delays must be fully explained and documented in the individual's case notes.

3. Withdrawn Applications

If an application is withdrawn, document the individual's request to withdraw an application in the case notes and issue a notice to the individual regarding the withdrawn application.

4. Unable to Locate an Individual

If notified that the individual has changed her location or contact information, attempt to locate the individual and document all efforts to locate the individual in case notes, including phone calls and written requests for contact. Include the following about all sources of information or verification:

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- Identity of the source;
- Relationship or connection to the individual;
- Type of contact: written correspondence, telephone contact, personal contact, etc.;
- Date of contact, correspondence or pay stubs; and
- The nature of the information provided by the source.

If at renewal the individual does not respond to verification requests, a termination notice will be issued. If HCFA is notified that the individual no longer lives in Tennessee, HCFA will attempt to verify Tennessee residency. A termination notice will be issued if verification is not received.

5. Individual is Deceased

Once an individual's death has been verified, the date of death must be keyed in interChange. How the death became known should be documented in case notes.

6. Case Documentation

All facts used by HCFA to substantiate an eligibility determination are recorded in the individual's electronic case. HCFA will record all pertinent information and documentation reviewed, or online verifications obtained or used in the eligibility determination process (i.e., birth certificate, Medicare information, property deed, etc.). Pertinent information and facts include, but are not limited to:

- Type and date of document used, information verified by the document, form or document number, name and title of signatory on document; and
- Date the documentation is viewed and by whom.

NOTE: HCFA does not retain original documents and will return original documents after documents are reviewed.

7. Notice of Determination

Notice of eligibility determinations are sent to individuals promptly after a finalized eligibility determination. Once an eligibility approval is loaded into interChange, a notice of the eligibility determination is sent to the individual or her responsible party. The notice includes the following:

- The decision regarding the individual's eligibility;
- If eligibility is denied, the specific reason for denial and citations of specific regulations that support the denial;
- A statement to inform the individual of his or her right to appeal the eligibility determination. The notice will provide additional information about how to file an appeal; and
- A reminder to report any household changes within 10 days of the date the notice is received.

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8. Eligibility Effective Date

The TennCare II Medicaid Section 1115 Demonstration waiver enables HCFA to waive the eligibility begin date requirement under the Social Security Act § 1902(a)(34) and 42 CFR 435.915. Therefore, eligibility is not extended to a date prior to the date an application is received.

Effective Date	Child and Families Categories	Aged, Blind and Disabled Categories
The effective date of eligibility is the date determined by the Social Security Administration.		SSI Cash Recipient
The effective date of eligibility is the date determined by the qualified entity.	<ul style="list-style-type: none"> • Newborn Presumptive Eligibility • Presumptively Eligible Pregnant Women • Hospital Presumptive Eligibility • Presumptive Breast or Cervical Cancer 	
The effective date of eligibility is the child's date of birth, if the mother was eligible for and receiving TennCare Medicaid at the time of birth.	<ul style="list-style-type: none"> • Deemed Newborns 	
The effective date of eligibility is the application file date or the date all eligibility requirements are met, whichever is later.	<ul style="list-style-type: none"> • Former Foster Care • Child MAGI • Pregnancy MAGI • Caretaker Relative • Child Medically Needy • Qualified Pregnant Women Medically Needy • TennCare Standard • Transitional and Extended Medicaid • CoverKids 	<ul style="list-style-type: none"> • Disabled Adult Child • Institutional Medicaid • Pickle Passalong • Widow/Widower • Breast or Cervical Cancer • Specified Low-Income Medicare Beneficiaries • Qualifying Individuals 1 • Qualified Disabled Working Individuals
The effective date of eligibility is the first day of the month		<ul style="list-style-type: none"> • Qualified Medicare Beneficiary

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following the month in which the application is approved.		
The effective date of eligibility must not begin prior to the date of admission and must not begin prior to the date of application.	<ul style="list-style-type: none"> Emergency Medical Services 	

See *The Application Process* policy, Policy Manual Number: 200.030, for more details about the date of application.

9. Reported Changes

Changes must be reported by an individual within 10 days of the changed circumstance. Changes may be reported using any of the acceptable modes of submission: telephone, mail, or fax. The change will be considered reported on the date the change is received. If sent to HCFA via U.S. mail, this will be the date the envelope is date-stamped.

The caseworker must record all changes in the appropriate system and provide a full explanation of the changes in case notes. Documentation should include:

- When the change was reported;
- How the change was reported;
- What was used to verify the change; and
- What action was taken on the change.

a. Who May Report Changes

A change and any documentation required to determine eligibility may be reported by the following individuals:

- The individual who is requesting assistance (the enrollee or applicant)—a minor child must be a “mature minor” to submit his application. In determining who is a “mature minor,” Tennessee common law follows the “Rule of Sevens.”
 - Under the age of seven, there is no capacity. The change and any documentation required to determine eligibility must be reported by an adult who lives in the home with the enrollee or applicant, an authorized representative, or an individual acting responsibly for the enrollee or applicant (unless a statutory exception applies).
 - Between the ages of seven and fourteen, there is a rebuttable presumption that there is no capacity. The change and any documentation required to determine eligibility generally should be reported by an adult who lives in

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the home with the enrollee or applicant, an authorized representative, or an individual acting responsibly for the enrollee or applicant (unless a statutory exception applies).

- Between the ages of fourteen and eighteen, there is a rebuttable presumption of capacity. The enrollee or applicant may report a change and any documentation required to determine eligibility, unless it is determined that the minor is not sufficiently mature to make her own health care decisions.
- An adult who lives in the home with the enrollee or applicant, if the enrollee or applicant is a minor. This may be the enrollee’s or applicant’s biological, step or adopted parent, a family member who claims the applicant as a tax dependent, or another individual who is in a position to know the enrollee’s or applicant’s circumstances.
- The primary residential parent or either parent when there is equally-shared joint custody.
- An authorized representative.
- An individual acting responsibly for the enrollee or applicant, if the enrollee or applicant is a minor or incapacitated. A responsible party may be a relative, friend, guardian, conservator or other individual who is in a position to know of the applicant’s circumstances.
- A representative of the long term care facility where the individual resides.

b. What Changes Should Be Reported

The following are examples of changes that should be reported to HCFA:

- Address changes.
- Household member changes
- Applicant, enrollee or household income changes.
- Applicant, enrollee or household resource changes.
- A change in marital status.
- Applicant or enrollee death, or death of a household member.

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