Basic requirements for medicaid

To qualify for Medicaid long-term care in Tennessee, certain financial as well as medical criteria must be met. It is extremely important to remember that all of these criteria must be met in order for benefits to be authorized. For example, if an individual does not meet the medical criteria, it does not matter if he or she meets the financial criteria—Medicaid benefits will not be approved. In order for a person to qualify for Medicaid benefits that will pay for long-term care, the person must need the level of care provided in a nursing home and meet the financial guidelines for Medicaid benefits.

To apply for TennCare, Tennessee residents must go to their local Department of Human Services (DHS) office and apply for the program. Employees at DHS evaluate the application, which includes financial information from the past five years and a medical assessment (called a PAE or PASSAR documents). DHS may ask for additional information through phone calls or in-person interviews.

Generally, the applicant may not have “countable” (or nonexempt) monthly income above $2,022 and may not have “countable” (or nonexempt) resources of more than $2,000. DHS will examine the financial information regarding the applicant's assets, liabilities, income, and transfer of property for less than fair market value. Eligibility is determined by assessing the applicant's countable income and resources as of the date of institutionalization, regardless of when the application is filed. Note that an individual in a home or community-based setting is considered institutionalized in determining the applicant's TennCare eligibility.

Once an individual is determined to be eligible, then a second set of calculations is done to determine what, if any, of the TennCare enrollee's income may be used by the non-institutionalized spouse and what portion, if any, must be used to pay for the patient's care.

The Patient Protection and Affordable Care Act of 2010 expanded access to health insurance coverage through improvements to the Medicaid and Children's Health Insurance (CHIP) programs, the establishment of Affordable Insurance Exchanges (“Exchanges”), and the assurance of coordination between Medicaid, CHIP, and Exchanges. To implement the new law, the Centers for Medicare and Medicaid (CMM) proposed new rules simplifying and streamlining the eligibility categories and application process for Medicaid benefits. In upholding the constitutionality of the Affordable Care Act, the Supreme Court mandated states' option to “opt out” of the Medicaid expansion provided by the Act. While several states have indicated their intention to opt out of the Medicaid expansion under the ACA, Tennessee has not stated its intentions as of this publication date.

or have a disability. She is co-author of Legal Issues and Guidelines for Nurses Who Care for the Mentally Ill and a contributor to the textbook Psychiatric Nursing in the Hospital and the Community.

Ms. MacLean was the recipient of the 1994 State Distinguished Service Award presented by the Tennessee Committee for Employment of People with Disabilities and, in 1993, was given a special recognition by the Mayor's Advisory Committee for People with Disabilities. In 1997, she received certification in elder law by the National Elder Law Foundation and the Tennessee Commission on Continuing Education and Specialization.

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1 Pub. L. No. 111-148, enacted on March 23, 2010, as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152, enacted on March 30, 2010), and together referred to as the Affordable Care Act of 2010 (Affordable Care Act or ACA).
