



TENNCARE

Application for someone who:

- Is in a nursing home or ICF/IID (read more below)
- Wants Home and Community Based Services (like CHOICES or Employment and Community First CHOICES)
- Needs Hospice Care in a nursing home
- Wants help paying for Medicare (like QMB or SLMB)

Who should use this application?

- TN residents who need care in a nursing home.
- TN residents age 65 and older or 21 and older with a physical disability who need services in their home and community to keep from going into a nursing home.
- TN residents who have an intellectual or developmental disability and need services in the community.
- TN residents who have an intellectual disability and need care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
- TN residents who need hospice care in a nursing home.
- TN residents who have Medicare and want to apply for help paying their Medicare cost sharing, like QMB, SLMB, QDWI, or QI1. If you qualify, TennCare pays your Medicare premiums and sometimes your Medicare co-pays, and deductibles.

Mail this application to **TennCare Connect, P.O. Box 305240 Nashville, TN 37230-5240. Or fax it to 855-315-0669.** If you don't need long term services and supports or help with your Medicare costs but you want to apply for TennCare go to www.healthcare.gov.

Is someone helping you fill out these pages? ☐ Yes ☐ No

You can choose an authorized representative.

You can give a trusted person permission to:

- talk about this application and your health care with us,
- see your information,
- act for you on matters related to this application and your coverage (including getting information about this application),
- receive all notices or other communications about your application,
- and sign this application on your behalf.

This person is called an "authorized representative." If you ever need to change your authorized representative, contact TennCare Connect at **855-259-0701**. If you're a legally appointed representative for someone on this application, submit proof with the application (if you haven't already given us this proof). You must also complete and send us the **TennCare Authorized Representative – Individual** page found on our website at <https://tn.gov/tenncare/topic/hipaa-forms>.

If yes, then tell us: Their name _____

Their phone number: (_____) _____ - or - (_____) _____

Address: _____ Apartment or Suite Number _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ ID Number (if applicable): _____

Organization name (if applicable): _____

Is it okay for us to talk to this person about your case? ☐ Yes ☐ No

1. Tell us WHO you are, WHERE you live and WHERE you get your mail.

Name: _____

Home address (NOT a P.O. Box): _____

City: _____ State: _____ Zip Code: _____

Mailing address, if different: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ - or - (_____) _____ - _____

Do you intend to be a Tennessee resident? Yes ☐ No ☐

You cannot receive TennCare Medicaid if you receive Medicaid benefits from another state. We can help tell the other state you want to stop your Medicaid in that state. We will only contact the other state if you would be eligible for TennCare Medicaid. If you don't want our help, you will need to end out-of-state Medicaid before you get TennCare Medicaid.

Do you receive Medicaid benefits in another state? Yes ☐ No ☐ If yes, which state? _____If yes, do you want us to ask that state to stop your Medicaid? Yes ☐ No ☐**Please answer these questions:**

What's the best time to reach you by phone? _____

I am using this application to apply for:

- ☐ Help paying for Nursing Home care
☐ Home and Community Based Services (HCBS) for older adults and adults with physical disabilities

Do you think you need care at home to keep from going into a nursing facility? Call your Area Agency on Aging and Disability at 866-836-6678. You still need to finish this application, but they can help you.

- ☐ Medicare Savings Program to help with my Medicare costs
☐ Hospice Services in a nursing home
☐ Care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
☐ Home and Community Based Services (HCBS) for Individuals with Intellectual and/or other Developmental Disabilities – like Employment and Community First CHOICES

Do you think you need care at home to keep from going into a nursing facility? Then you must also complete an online referral at: <https://tcreq.tn.gov/tmtrack/ecf/index.htm>.

If you need help, call the Department of Developmental and Intellectual Disabilities in the area where you live:

West TN: 866-372-5709,
 Middle TN: 800-654-4839, or
 East TN: 888-531-9876.

Keep reading. You still need to finish this application.Are you **homeless** now? Yes ☐ No ☐Are you **living in a shelter**? Yes ☐ No ☐What **language** do you **speak** best? ☐ English ☐ Spanish ☐ Other Language _____What **language** do you **read** best? ☐ English ☐ Spanish ☐ Other Language _____Do you have a **disability**? Yes ☐ No ☐ If yes, what is it? _____**If you do, do you need us to help you** with these papers? Yes ☐ No ☐

2. Tell us everyone who lives in your home now. Tell us who they are even if they don't have TennCare or if they don't want TennCare. List yourself first. You can add more pages if you need to.

Is there someone living with you that wants TennCare but does not want long term services and supports? They must apply online at www.healthcare.gov. Or, they can call TennCare Connect at **855-259-0701**.

Who lives in your home now? List yourself first. Full Name – First, Middle Initial, Last	Does this person want to qualify for coverage listed on the previous page?	Date of Birth (Month/Day/Year)	Social Security number: ONLY if this person wants coverage	How is this person related to you?	Sex M / F	Want to tell us your Race? *** (W, B, Y, A, H, I or O)
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					
	Yes <input type="checkbox"/> No <input type="checkbox"/>					

*** If you want to tell us your race, please use these letters. **W** = White **B** = Black or African-American **Y** = Hispanic
A = Asian **H** = Native Hawaiian or Pacific Islander **I** = American Indian or Alaskan Native **O** = Other

3. Answer these questions about you and all the people living in your home.

Are you a U.S. citizen, legal alien or eligible immigrant? Yes ☐ No ☐ **If no**, we will need a copy of your INS papers.

Does any child living in your household have a parent who doesn't live there too?
 Yes ☐ No ☐ **If yes**, which child? _____ What is the parent's name of that child? _____

Does anyone living in your household have a spouse (a husband or wife) who doesn't live there too?
 Yes ☐ No ☐ **If yes**, who? _____

Why does this person not live in this home? _____

Are you getting care in a nursing home? Yes ☐ No ☐

If yes, what's the name of the nursing home? _____

When did you start getting care in the nursing home? _____

Are you temporarily living out-of-state? Yes ☐ No ☐

If yes, tell us where you're living and why. _____

To get TennCare, you must prove that Tennessee is your permanent home **and** you are coming back.
 Send us proof that Tennessee is your permanent home. Your proof can be something like:

- Proof that you own or rent a home in Tennessee
- Your vehicle registration (from Tennessee)
- Property tax statement for Tennessee
- Your voter's registration (from Tennessee)

What city and county do you live in when you are **in Tennessee**? _____

Do you own or lease a place to live in another state? Yes ☐ No ☐ Which state? _____

Is anyone a Veteran or in Active Military status? Yes ☐ No ☐

If yes, tell us who. Be sure to tell us their **name and social security number**.

Do you have other health insurance, including Medicare? If so, tell us:

What is the name of the insurance company? _____

What is the policy number? _____

What is the policyholder's name? _____

What is the policyholder's SSN? _____

What is the premium amount? _____

What is the start date? _____

What is the relationship of the policy holder to you and others on this application? _____

Do the other people listed in number 2 also have this insurance? Yes ☐ No ☐

If yes, tell us the names of the other people who are covered by this same health insurance plan:

Do you (or other people listed in number 2) have health insurance other than the policy listed above? If so, please include the information about that policy on another piece of paper.

4. Send proof of your income.

Does anyone in your home work? Yes ☐ No ☐ If yes, you can send copies of pay stubs or proof of earnings **for the last 2 months for each job.** What if you **don't** have **all** your pay stubs **for the last 2 months?** Give TennCare copies of all that you have.

Is anyone self-employed? Yes ☐ No ☐ If yes, tell us the kind of work they do. _____

If yes, send copies of their last federal income tax return with all schedule attachments. If you don't have your tax forms, send other proof. Send something that shows your income and expenses.

Remember - Don't send the original. Send a copy.

Tell us about any work you get paid for, even odd jobs where you don't pay taxes.

Name of person (Who earns this money?)	# of hours worked each week	How much do they get before taxes each pay period?	How often do they get paid? ***	Name of Employer (Are you self-employed? Tell us the name of your business if it has one.)	Phone number of Employer
		\$			
		\$			
		\$			
		\$			

*** Daily, Weekly, Every 2 weeks, Twice a month, Monthly

Is there an adult in your home with no income? Yes ☐ No ☐ If yes, who? _____
When did their income stop? _____ How do they pay the cost of daily living? For example, living with a friend or relative, rent is paid by someone, living off savings, etc. _____

Does anyone get Social Security or SSI or Unemployment payments from Tennessee?

Yes ☐ No ☐ If yes, tell us who. _____

You **don't** have to send proof of this income. We'll get it for you.

Did you lose Medicare because you went back to work and were making more money than your Social Security income limit? Yes ☐ No ☐

Does anyone get any of the kinds of income listed below? Yes ☐ No ☐

- Money from friends or relatives
- Retirement Payments
- Disability Payments
- Child Support Payments
- Unemployment Payments from another state
- Veteran's Benefits
- Workers' Compensation
- Interest/Dividends/Royalties
- Rental Income
- Alimony
- Other

If yes, tell us about it in the box below and **send proof**. Don't send the original. **Send a copy.**

Name of person (Who gets this money?)	What kind?	How much do they get?	How often?	Who pays them?	What is their Phone Number?
		\$			
		\$			
		\$			
		\$			

5. Tell us if you pay for child care or care for a disabled adult.

Does anyone pay for child care or care for a disabled adult? Yes ☐ No ☐

If yes, fill in the boxes below. Send proof that shows **who gives the care** and **how much you pay them**.

This proof must be signed by the person that gives this care. It must say how much you pay and how often.

Who gets this care?	Who pays for this care?	How much does it cost?	How often do you pay?	Name and Phone Number of Caregiver
		\$		
		\$		

6. Tell us what you own. If you need more room, you can add more pages.

You **must** tell us what you own. What if you don't tell us about what you own or you're over the limit?

You won't qualify for TennCare Medicaid in any group that has a resource limit.

Do you own:	What's it worth now?	How much do you owe on it?	The kind of proof we need:
Property Tell us these things about the property in the space below:			Something that shows what it's worth like a property tax statement <u>and</u> something that shows how much you owe like a mortgage statement
Street Address: City: State: ZIP:	\$	\$	
Street Address: City: State: ZIP:	\$	\$	
Do you own:	What's it worth now?	How much do you owe on it?	The kind of proof we need:
Checking accounts Bank Name: _____	\$		Statement from bank or credit union that shows the balance
Savings or credit union accounts Bank Name: _____	\$		
Christmas Club accounts Bank Name: _____	\$		

Cars and trucks Tell us the make, model and year below.				
Make _____ Model _____ Year _____	\$ _____	\$ _____	Payment book or signed statement that says how much you owe	
Make _____ Model _____ Year _____	\$ _____	\$ _____		
Make _____ Model _____ Year _____	\$ _____	\$ _____		
Motorcycles and boats				
Make _____ Model _____ Year _____	\$ _____	\$ _____		
Make _____ Model _____ Year _____	\$ _____	\$ _____		
RVs and campers				
Make _____ Model _____ Year _____	\$ _____	\$ _____	Copy of legal papers	
Trust fund or Estate	\$ _____			
Stocks Name: _____ Number Owned: _____	Current value: \$ _____			
Bonds Name: _____ Number Owned: _____	Current value: \$ _____			
IRAs and Keogh Plans	Account value: \$ _____			
Savings Certificates or CDs	\$ _____			
Tax Shelter Accounts	\$ _____			
Revocable burial contract	\$ _____	\$ _____	Copy of the burial contract	
Irrevocable burial contract	\$ _____	\$ _____	Copy of the burial contract	
Cemetery Lots How many? _____ Are the lots for you or members of your immediate family? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, for who? _____	\$ _____	\$ _____	A deed and something from the cemetery that shows how much you could sell the lots for now	
Other (Tell us what):	\$ _____	\$ _____		

Does anyone in your household have a **life insurance policy**? Yes ☐ No ☐

Tell us who	What is its cash value?	Insurance Company Name and Phone Number
	\$ _____	
	\$ _____	

7. ONLY fill out this part if you:

- need care in a long term care facility, even if you can be served safely in your home.
- need care at home to keep from going into a long term care facility.
- have an intellectual or developmental disability and need care in the community.
- need care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

In the last 60 months (5 years), have you sold or given away any of the kinds of things listed in question 6? Yes ☐ No ☐ If yes, fill in the boxes below.

What did you sell or give away?	What was it worth?	How much did you owe on it?	If you sold it, how much did you get?	The kind of proof we need:
	\$	\$	\$	Something that shows: <ul style="list-style-type: none"> • how much it was worth, and • how much you owed on it, and • how much you sold it for
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

In the last 12 months (1 year) has anyone in your household gotten a lump sum of money?

This could be something like an insurance settlement, back pay for Social security, or a lottery prize.

Yes ☐ No ☐ If yes, fill in the boxes below.

Tell us who	How much did this person get?	Where did it come from?	The kind of proof we need:
	\$		Bank records or an award letter that shows how much you got.
	\$		
	\$		

If you're applying for CHOICES or Employment and Community First, or Hospice care, you can choose your health plan. If you don't pick one, TennCare can pick for you. If you're approved, your approval letter will tell you who your plan is and how you can change it. The health plans for TennCare are: AmeriGroup, BlueCare, and UnitedHealthcare.

I want my health plan to be: _____

(Are you applying to get help with your Medicare costs only? If so and you are approved for a Medicare Savings Program like QMB or SLMB you won't be enrolled in a TennCare health plan.) But TennCare will pay your Medicare premium for you.

8. Sign here.

- I am giving my OK for TennCare to get facts about me and my family. They can get it from other people or agencies. This includes government agencies, employers and places we get health care.
- The information I gave on this application is true and complete as far as I know. What if I gave information that's not true or held back facts on purpose? I could go to jail or have to pay TennCare back. I could also be charged with a crime like perjury or a felony.

Sign Here X: _____

Person Applying / Head of Household

Date: _____

Witness Sign Here (if person applying is unable to sign) **X:** _____

Witness Print your name: _____ Date: _____

Use this checklist to make sure you are giving us everything we need to work your application. Having all of the information we need will help us work your application faster.

- ☐ (1) ID and citizenship (i.e. driver's license and birth certificate) for you, the applicant.
- ☐ (2) Social Security Number and date of birth for you, the applicant. (This information is optional for your spouse. But, if you can give us his/her SSN and date of birth now, it will help us work your application faster.)
- ☐ (3) Bank statements for the month of application and two months before that (for each account – checking, savings, IRAs, CDs, stocks, bonds, and 401Ks).
- ☐ (4) Life insurance policies (owned by you, the applicant, and your spouse) showing company name, address, policy numbers, date issued, face value, and cash value for each policy.
- ☐ (5) Health insurance premium(s) – including Medicare Supplemental or Medicare Part D Plans.
- ☐ (6) **All** gross income for you, the applicant, and your spouse (i.e. Pension, VA Pension, or VA Aid & Attendance, Rental Income, Alimony, etc.)
- ☐ (7) Vehicle registration (make, model and year), including recreational vehicles.
- ☐ (8) Property owned (county, address and value), including the home you live in now or lived in before entering a nursing home.
- ☐ (9) Prepaid burial contracts, including an itemized statement for goods and services and if it's revocable or irrevocable.
- ☐ (10) Basic living expenses for your spouse:
 Rent or mortgage Utilities
 Property tax Homeowner's insurance
- ☐ (11) **All** questions in the application have been answered about any dependent children (including disabled adults) who live with you.
- ☐ (12) Names, phone numbers, and address of two friends or relatives. These are people who can verify you are who you say you are.
- ☐ (13) **All** proof of the sale or transfer of any resource made in the last five (5) years (realty, financial, etc.)
- ☐ (14) Value of Cemetery plots
- ☐ (15) Marriage certificate (if currently married – not widow/widower)

The items checked above are attached along with your application for Medicaid. Items that are **not** checked are still needed. Were you asked for items that are not listed above? If so, please tell us the items you are still trying to get:

_____	_____
_____	_____
_____	_____

You may be asked to provide more information after the phone interview. The eligibility worker will explain what is needed, how to get it, and will help you get it if you ask.

*****Important:** The application for Medicaid **must** be signed. It will take longer for us to process the application if it's not signed. **Be sure to send us this page with the application.*****

Your Rights and Responsibilities

Keep this page for your records.

Do you need help filling out these pages? Do you have questions?

Call **855-259-0701**. It's a free call.

Do you need help in another language? Let us know. TennCare will get you a free interpreter.

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- Anyone who wants TennCare must be:
 - A U.S. citizen or
 - Legally admitted to the U.S. for permanent residence.
 - TennCare will use your Social Security numbers to get facts about you and your income. Those facts will be used to prove you can have TennCare. They will **not** be used to deport you.
 - TennCare may give your Social Security numbers to:
 - Police who are looking for lawbreakers;
 - Other state or Federal Agencies (but not the INS); and
 - Collection agencies working to collect money owed to the State.
 - I'm signing this application under penalty of perjury which means I've provided true answers to all the questions on this form and its supplements to the best of my knowledge. I know that I may be subject to penalties under state and federal law if I provide false and or untrue information.
 - You must tell TennCare Connect if anything changes (and is different than) what you wrote on this application **within 10 days** of that change. You can call **855-259-0701** to report any changes. You understand that a change in your information could affect the eligibility for member(s) of your household.
 - Under federal law, discrimination isn't permitted on the basis of race, color, birthplace, language, sex, age, religion, or disability. If you think you have been treated unfairly, call **855-259-0701** to report it. It's a free call.
 - If you are approved, you can't keep any health insurance or medical payments you get from insurance or other companies. Those payments belong to the State. You must sign them over to the State
 - What if the Tennessee Bureau of Investigation, the TennCare Office of the Inspector General or another agency asks for your help catching TennCare fraud and abuse? You must help.
 - If the State pays for medical bills or for nursing home care for you, the State may get that money back. When you die, the State may take money that you owe from your estate.
 - No one else can use your TennCare card. What if you let someone else use your card? You may have to pay the State back for that other person's medical bills.
 - You are giving TennCare your OK to get facts about you and your family from others. This includes government agencies, employers and places you get health care.

If TennCare says you can't keep TennCare, you can appeal. The letter you get will tell you how to appeal.

- If you want to register to vote, you can complete a voter registration form at <https://sos.tn.gov/products/elections/register-vote>.