


Help Guide

Eligibility Renewal Packet for CHOICES members in a NF

<p>Have you received notification from the MCO that your CHOICES resident has been selected for redetermination?</p>	<p style="text-align: center;">Coordinate with the MCO to ensure your CHOICES resident understands what is needed and that assistance with completing the renewal packet is being offered. Also be sure the CHOICES resident understands the renewal packet due date and that they could lose TennCare coverage if the packet is not completed and returned.</p>
<p>Will you be helping the resident with their renewal packet?</p> <p style="text-align: center;"></p>	<p>Refer to the renewal packet and help the CHOICES resident answer questions 1-12:</p> <ul style="list-style-type: none"> ✓ If CHOICES resident answers yes to any of questions 1-7, assist the CHOICES resident with pages 1-6 of this Renewal Packet and only the signature page 8 of Appendix A. ✓ If CHOICES resident answers yes to any of questions 8-12, assist CHOICES resident with pages 1-6 of this Renewal Packet and all of Appendix A. <p>If the CHOICES resident answers yes to any of the questions on page 1 and 2, proceed to Part 1 of this worksheet. If the CHOICES resident indicates a change has occurred since their TennCare enrollment or last reverification, assist the CHOICES resident with gathering that documentation to send with their renewal packet.</p> <p>If the CHOICES resident answers no to all questions 1-12, assist the CHOICES resident with all of Appendix A. Be sure that CHOICES resident is aware that a signature is required on page 8 of Appendix A. We will use the facts the CHOICES resident gives us to see if they qualify for TennCare in another way.</p>
<p style="text-align: center;">Part 1: <i>Tell us about yourself</i></p>	<p>The CHOICES resident will need to tell us about themselves. Have them fill out all demographic information asked for on the form.</p> <p>The CHOICES resident must complete the table provided regarding who lives in their home. <i>(Be sure to advise them to include themselves)</i></p>
<p style="text-align: center;">Part 2: <i>Questions about getting care</i></p>	<p>Be sure CHOICES resident answers questions 1-5.</p>
<p style="text-align: center;">Part 3: <i>Questions about income</i></p>	<p>Be sure CHOICES resident answers questions 6-9.</p> <p>If the CHOICES resident is receiving a Social Security check, if they lost Medicare due to returning to work and making more money than the Social Security limit, or receiving any of the listed types of income, they will need to tell us more about it within the table provided. If their answer has changed since the last time they qualified for Medicaid, they must send proof. Do not send originals. Send a copy.</p> <p>Question 9: If the CHOICES resident is receiving SSI payments, they will not have to send proof of this income. We will get it for them.</p>
<p style="text-align: center;">Part 4: <i>Tell us if you pay for child care or care for a disabled adult</i></p>	<p>The CHOICES resident needs to answer questions 10 & 11 and complete the tables provided. The CHOICES resident must send proof that shows who gives the care and how much they pay them. This proof must be signed by the person that gives the care. Be sure they include how much they pay and how often.</p>

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<p>Part 5: <i>Changes in your income</i></p>	<p>The CHOICES resident will need to answer question 12 regarding changes in their income and be sure to include proof of the change such as check stubs or bank statements, an insurance settlement, back pay Social Security, or a lottery prize. If no change occurred, proof is not needed.</p>
<p>Part 6: <i>Changes in your resources</i></p>	<p>The CHOICES resident will need to answer question 13 and complete the table provided regarding how their resources have changed, what it is worth now, and how much they owe on it. The table will provide the kind of proof needed if a change has occurred. If no changes occurred, no proof is needed.</p> <p>Also the CHOICES resident will need to let TennCare know if they have a life insurance policy or not.</p>
<p>Part 7: <i>ONLY fill out this part if:</i></p>	<p>This will only be filled out if the CHOICES resident lives in the nursing home and wants Medicaid to help pay for their care, OR If they think they qualify for care in the nursing home, but would like to get care at home, OR If they have gotten both an SSI check and a Social Security check in the same month at least once since April 1977, and they <u>still</u> get a Social Security check.</p> <p>If any of the above items apply to the CHOICES resident, they will need to answer questions 14 & 15 and complete the provided tables.</p>
<p>Part 8: <i>Changes in Health Coverage</i></p>	<p>The CHOICES resident needs to answer question 16 regarding changes in their healthcare.</p>
<p>Part 9: <i>Helping Completing this Renewal Packet</i></p>	<p>This section gives information to the CHOICES resident regarding how to contact you for assistance with their renewal packet. The CHOICES resident can indicate here if they would like to choose an authorized representative. If so, they will complete the demographic section within this section.</p>
<p>Part 10: <i>Signing this Renewal Packet</i></p>	<p>The CHOICES resident must sign this renewal packet. The signature page is on page 8 of Appendix A. Be sure to remind the CHOICES resident they must send proof of any changes with their signed renewal packet submission.</p>

The completed renewal packet & proof of changes must be mailed to:

Tennessee Health Connection
P.O. Box 20201
Nashville, TN 37202-0201

Keep a copy of the renewal packet and any proof that is mailed.

Or the completed renewal packet & proof of changes can be faxed to:

1-877-430-0843

Keep a copy of your fax confirmation sheet with the fax date,
along with the renewal packet and any proof that was faxed.