

**RULES
OF
THE TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF ADMINISTRATIVE SERVICES**

**CHAPTER 1200—29—1
NURSING HOME RESIDENT'S GRANT ASSISTANCE PROGRAM
RULES AND REGULATIONS**

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1200—29—1—.01 DEFINITIONS. The following definitions shall apply:

- (1) **ADJUSTED ANNUAL INCOME** for purposes of this program means an individual's annual income from all sources for the previous calendar year less Projected Annual Nursing Home Expenses.
- (2) **ANNUAL INCOME** generally means the individual's Adjusted Gross Income as reflected on the applicant's federal income tax return on either Forms 1040, 1040A, or 1040EZ for the previous calendar year.
 - (a) In the absence of having filed a Form 1040, 1040A, or 1040EZ for the previous calendar year, the same methodology that would have been followed in completing such form shall be used in determining the Adjusted Gross Income.
 - (b) In the event an applicant files a "joint" return he shall have two (2) alternatives to certify his individual income:
 1. The applicant may divide the amount shown on the joint return as Adjusted Gross Income by two (2) and certify the result as the individual's income for this grant; or
 2. The applicant may determine an allocation of income between the joint filers using appropriate tax principles.
- (3) **APPLICANT** means the nursing home resident or his legally authorized representative.
- (4) **APPLICATION** means the form referenced as the "Nursing Home Resident's Grant Assistance Application Form" by the Department and submitted by the resident for grant assistance.
- (5) **CERTIFICATION** means the applicant's acknowledgment on his application or the nursing home's acknowledgment on the applicant's application or the nursing home's acknowledgment on the Turnaround Document.
- (6) **COMMISSIONER** means the Commissioner of the Tennessee Department of Health or his designee.
- (7) **DEPARTMENT** means the Tennessee Department of Health or contractors authorized to act on behalf of the Department.

(Rule 1200—29—1—.01, continued)

- (8) FEDERAL POVERTY GUIDELINES means federal poverty guidelines for an individual as published annually by the U.S. Department of Health and Human Services for determining Medicaid eligibility and in effect at the beginning of the state fiscal year during which grant assistance will be requested.
- (9) FISCAL YEAR means the State's Fiscal Year which begins on July 1 of each calendar year and ends on June 30 of the next calendar year.
- (10) GRANT ASSISTANCE means the financial assistance provided by the Department to an eligible nursing home resident as prescribed in rule 1200—29—1—.06.
- (11) GRANT PERIOD means the days the applicant resided in a nursing home for which grant assistance is requested on the application or certified on the turnaround Document. It is the number of days (including paid leave days) which the applicant's nursing home certifies to the department that the applicant has resided in the facility and during which the applicant's per them nursing home care was not reimbursed in whole or in part by a state and/or federal medical care program.
- (12) LEGALLY AUTHORIZED REPRESENTATIVE means a person who has been authorized in writing by the nursing home resident or by a court of competent jurisdiction to act on his behalf in financial matters generally or specifically to apply for grant assistance under this program.
- (13) NURSING HOME shall have the same meaning as that found in T.C.A. §68—11—201(15).
- (14) NURSING HOME CARE means all care and services required to be provided or normally provided by nursing homes licensed in Tennessee.
- (15) PER DIEM EXPENSE/PER DAY EXPENSE means the average daily cost of nursing home care to a resident for only those days for which he is eligible for grant assistance.
- (16) PREVIOUS CALENDAR YEAR means the January 1 thru December 31 period immediately preceding the beginning of the state fiscal year during which grant assistance will be requested.
- (17) PROJECTED ANNUAL NURSING HOME EXPENSES is calculated by multiplying the average per them nursing home expense for the grant period by 365.
- (18) STATE AND/OR FEDERAL MEDICAL CARE PROGRAM means any program funded by any state or the federal government, separately or jointly, which provides financial per them reimbursement for nursing home care. It specifically includes Medicaid, Medicare Part A and the Veterans Administration's contract program for nursing home care (i.e., individual contract medical agreements which pay all per them amounts for nursing home care). It does not include pensions, disability payments, social security and other payments from a state and/or federal government which provide other types of benefits to the resident other than payment of per them nursing home care.
- (19) TURNAROUND DOCUMENT means a monthly listing furnished to each nursing home by the Department of all residents in that nursing home who received grant assistance for the previous month during the State's current fiscal year and which shall be used as documentation thereafter for each month's payment to the applicant. The turnaround document as a minimum shall include a certification by the nursing home of.

(Rule 1200—29—1—.01, continued)

- (a) the number of days during the grant period that the resident received no state and/or federal medical care program assistance; and
- (b) the average per them expense for the grant period; and
- (c) an identification, if possible, of those patients who applied for state and/or federal medical care program assistance during the report month.

Authority: Public Chapter 425, Acts of 1993; T.C.A. §§4—5—202, 4—5—204, 68—11—201 (15) and 71—5—1301 et seq. **Administrative History:** Original rule filed October 26, 1992; effective December 10, 1992. Amendment filed March 7, 1994; effective May 21, 1994.

1200—29—1—.02 ELIGIBILITY FOR GRANT ASSISTANCE.

- (1) An applicant must meet all of the following criteria to be eligible for grant assistance under this program.
 - (a) The applicant must reside or have resided after June 30, 1992 in a nursing home licensed as such by the State of Tennessee; and
 - (b) The applicant's per them nursing home care must not have been reimbursed in whole or in part by a state and/or federal medical care program for any day for which grant assistance is requested; and
 - (c) The applicant shall not have applied for any state and/or federal medical care program for which the appropriate agency has not made a final determination; and
 - (d) The applicant must meet the financial qualifications as provided in rule 1200—29—1—.03; and
 - (e) The applicant must file a complete application on forms prescribed by the department.
- (2) Residents in nursing homes certified as intermediate care facilities for the mentally retarded are not eligible for grant assistance under this program.
- (3) After a final determination has been made on an applicant's application for a state and/or federal medical care program for which he previously applied, he will then be eligible to apply for grant assistance. At that time, he may request grant assistance for any days for which the state and/or federal medical care program did not provide financial per them reimbursement for nursing home care and for which grant assistance has not been previously provided.
- (4) Applicants will be notified if the department determines them ineligible for grant assistance.

Authority: Public Chapter 954, Acts of 1992; T.C.A. §§4—5—209, 68—11—201(13) and 71—5—101 et seq. **Administrative History:** Original rule filed October 26, 1992; effective December 10, 1992.

1200—29—1—.03 FINANCIAL ELIGIBILITY FOR GRANT ASSISTANCE.

- (1) Financial eligibility for grant assistance shall be determined monthly based on the applicant's adjusted annual income. The adjusted annual income is determined by subtracting the projected annual nursing home expenses from the applicant's annual income.

(Rule 1200—29—1—.03, continued)

- (2) If the applicant's adjusted annual income falls between \$0 and 350% of the federal poverty guidelines, the patient is eligible for grant assistance as set forth in rule 1200—29—1—.06.

Authority: *Public Chapter 425, Acts of 1993; T.C.A. §§4—5—202, 4—5—204, 68—11—201(15) and 71—5—1301 et seq. Administrative History: Original rule filed October 26, 1992; effective December 10, 1992. Amendment filed March 7, 1994; effective May 21, 1994.*

1200—29—1—.04 EXCLUSIONS.

There will be no grant assistance provided for any days during which an applicant's per them expenses will be reimbursed in whole or in part by a state and/or federal medical care program. If a state and/or federal medical care program reimburses medical costs on particular days for purposes other than nursing home expenses those days will be considered eligible for grant assistance under this program.

Authority: *Public Chapter 954, Acts of 1992; T CA. §§4—5—209, 68—11—201(13) and 71—5—101 et seq. Administrative History: Original rule filed October 26, 1992; effective December 10, 1992.*

1200—29—1—.05 APPLICATION PROCESS.

- (1) Applications and instructions for completion shall be provided to the nursing home by the Department.
- (2) The nursing home must provide applications for grant assistance, as prescribed by the department, to all interested residents upon request.
- (3) The nursing home must provide the necessary information to interested applicants in order to apply for grant assistance. Such information shall include certification of the number of days the individual has resided in the nursing home during the grant period for which no reimbursement was received from any state and/or federal medical care program and the per day expense for care at the nursing home. The nursing home is not required to compute the applicant's income nor ensure that the applicant actually files the application.
- (4) The nursing home shall complete its certification and information required on the application form for each resident who desires to apply for grant assistance (including any person who previously resided in the facility but is no longer a resident at the time of application for grant assistance). The completed nursing home certification and information portion of the application shall be provided to each interested applicant no later than 15 days after the end of the period reflected on the application.
- (5) It is the applicant's responsibility to complete his portion of the application and submit the completed application to the department.
- (6) The applicant shall immediately notify the department of any changes that need to be made to the applicant's portion of previously filed application.
- (7) A separate application must be filed for each nursing home in which the applicant resided for which grant assistance is being requested.

(Rule 1200—29—1—.05, continued)

- (8) Applications for grant assistance must be postmarked no later than July 31 following the State's Fiscal Year in which the requested grant period occurred except for residents who have previously been ineligible to apply for grant assistance due to having filed an application for state and/or federal medical care program for which a final determination has not been made. In those cases, the applicant has thirty (30) days to file for grant assistance after being informed of the final determination on his application for the state and/or federal medical care program. At that time, even if approved for the state and/or federal medical care program, the applicant can request grant assistance for any days for which the state and/or federal medical care program did not provide financial per them reimbursement for his nursing home care and for which grant assistance has not been previously provided.
- (9) A new application must be filed for each state fiscal year in which grant assistance is requested after at least one month of nursing home care is received.
- (10) Only one (1) application per state fiscal year must be filed for each nursing home in which the applicant resided.

Authority: *Public Chapter 425, Acts of 1993; T.C.A. §§4—5§—202, 4—5—204, 68—11—20J(15) and 71-5-1301 et seq. Administrative History: Original rule filed October 26, 1992; effective December 10, 1992. Amendment filed March 7, 1994; effective May 21, 1994.*

1200—29—1—.06 GRANT ASSISTANCE PAYMENTS.

- (1) Upon approval of an application for grant assistance the department will issue the grant payment for the grant period certified in the application. Thereafter, for the remainder of the state's fiscal year, grant assistance payments will be processed monthly based on eligibility determined from the monthly Turnaround Documents.
- (2) There are two levels of grant assistance which are based on the approved applicant's adjusted annual income.

These are as follows:

- (a) Level A applicants are those whose adjusted annual incomes range from \$0 to an amount calculated to be 185% of the federal poverty guidelines. Those applicants eligible for this level of assistance will receive \$6.50 for each day of the grant period.
 - (b) Level B applicants are those whose adjusted annual incomes range from 186% to 350% of the federal poverty guidelines. Those applicants eligible for this level of assistance will receive \$6.00 for each day of the grant period.
 - (c) Applicants whose adjusted annual incomes exceed 350% of the federal poverty guidelines are ineligible.
- (3) The department will pay grant assistance to approved applicants on a first come, first served basis subject to the availability of funds appropriated specifically for this program in each state fiscal year.
 - (4) Grant assistance payments shall be issued in the name of the nursing home resident and mailed to the address so requested on his application. Grant assistance payments shall not be assigned by the resident to the nursing home.

(Rule 1200—29—1—.06, continued)

Authority: *Public Chapter 425, Acts of 1993; T.C.A. §§4—5—202, 4—5—204, 68—11—201 (15) and 71—5—1301 et seq. Administrative History: Original rule filed October 26, 1992; effective December 10, 1992. Amendment filed March 7, 1994; effective May 21, 1994.*

1200—29—1—.07 VERIFICATION.

The department or other appropriate state agency has the authority to inspect the applicant's and/or nursing home's financial and patient records in order to verify information certified on the application(s) and/or Turnaround Documents.

Authority: *Public Chapter 425, Acts of 1993; T.C.A. §§4—5—202, 4—5—204, 68—11—201(15) and 71—5—1301 et seq. Administrative History: Original rule filed October 26, 1992; effective December 10, 1992. Amendment filed March 7, 1994; effective May 21, 1994.*

1200—29—1—.08 DISPUTES OF ELIGIBILITY DETERMINATION.

Any applicant who disputes a determination of ineligibility for grant assistance by the department may resubmit his application for reconsideration along with further written documentation supporting his request. Any request for reconsideration of eligibility for grant assistance must be postmarked no later than thirty-one (31) days after the close of the state's fiscal year.

Authority: *Public Chapter 954, Acts of 1992; T.C.A. §§4—5—209, 68—11—201(13) and 71—5—101 et seq. Administrative History: Original rule filed October 26, 1992; effective December 10, 1992.*