



State Resources for Seniors in Tennessee

Many seniors face high costs for their medical care and prescription drug coverage, and finding the funds to pay for these health care expenses can be stressful. We created this guide covering all of the available health insurance and prescription drug coverage programs in your state so you can take care of your health without worrying about the cost. Included in the guide are the benefits details, eligibility requirements, and application processes for available health insurance and prescription drug coverage programs for seniors in your state.

Financial Assistance for Senior Living & Senior Care

According to figures from the Administration for Community Living, nearly 70% of people who were 65 and older in 2020 will eventually spend time in a long-term care facility. This can be a nursing home or an assisted living community, and up to 20% of seniors will stay for more than five years. The cost of this can be immense, which makes it hard for many seniors to afford. If you have retired on a fixed income, you might have trouble finding the care you need.

Older adults in Tennessee can get assistance from a number of local sources. Government aid and private nonprofits are both available to help manage the cost of care, and seniors who qualify for assistance get the support they need to stay healthy and safe. If you're planning for senior care, these resources can be just what you need.

Medicaid

Medicaid is a joint federal-state program that delivers affordable health services to low-income beneficiaries throughout the state. The Medicaid program in Tennessee is known as TennCare. This program helps countless seniors across the state get low-cost and free medical services, durable medical equipment and medically necessary care services. If you are eligible for the program, you can use TennCare to help pay for vital senior care services.

How to Apply

The fastest way to apply for TennCare is online, through TennCare Connect, the state's web benefits portal. You can also call (855) 259-0701 for help with your application or submit a paper form to your local human services office or Area Agency on Aging. You can also download and print out an application and submit it by mail.

Eligibility

You may be eligible for TennCare coverage if you are a U.S. citizen, a resident of Tennessee and have a qualifying medical condition. You may have a qualifying medical need if you are:

- Age 65 or older
- Blind, visually impaired or otherwise disabled
- Currently living in a residential care facility, such as a nursing home

TennCare also uses a financial needs test to establish applicants' eligibility for benefits. In 2022, the income and asset limits for TennCare are:

	Income Limit	Asset Limit
Single Adult	\$2,523	\$2,000
Married, One Spouse Applying	\$2,523 a month (applicant), \$3,435 a month (non-applicant spouse)	\$2,000 (applicant), \$137,400 (non-applicant spouse)
Married, Both Applying	\$5,046 a month (both combined)	\$4,000

Medicare

Medicare is the federal health insurance program for older adults (65+) and some younger people with disabilities. Part A, which covers inpatient care, may also cover medically necessary care delivered in a skilled nursing facility.

How to Apply

To apply for Medicare online, visit the Social Security Administration website, agree to the terms of service and fill out the application. To apply by telephone, call (800) 772-1213. If you prefer to apply in person, use the SSA office locator to find a nearby Social Security office.

Eligibility

You may qualify for Medicare coverage if any of the following apply:

- You're at least 65 years old.
- You have end-stage renal disease.
- You're under age 65 and have a disability.

If you or your spouse worked and paid Medicare taxes for at least 10 years, you qualify for premium-free Part A coverage. You may also qualify for premium-free coverage if you've been receiving disability benefits for at least 24 months, you're on kidney dialysis or you need a kidney transplant.

Medicaid Assisted Living Waiver

Medicaid does not pay for nonmedical treatments, which can leave beneficiaries on their own for various care-related expenses. TennCare's beneficiaries can apply for an Elderly and Disabled waiver, which helps pay the cost of nonmedical senior care services. The services paid for can be a valuable support if you live on your own at home or in an assisted living facility. The waiver also provides extra services, such as caregiver help, transportation costs and some equipment and home modifications.

How to Apply

You can apply for a waiver through the benefits coordinator at your residential care facility. You can also apply for yourself through your TennCare health plan (MCO). If you do not have TennCare, you can apply through your local Area Agency on Aging and Disability (AAAD). You can find the office for your area by calling (866) 836-6678.

Eligibility

To get a TennCare CHOICES waiver, you have to meet all four of the program's eligibility criteria. You must be:

- An adult aged 20 or over
- A resident of Tennessee and willing to receive services in your home or at a state-licensed assisted living community
- In need of nursing home-level services and willing to waive placement in a care facility to accept a lower level of care
- Financially eligible for TennCare and able to meet the income and asset guidelines set for the state's Medicaid program

All of these factors are subject to verification during your intake process. You may be asked to provide proof of your age with a state-issued ID, which can also be used to establish residency for the application process. Your health condition may have to be verified by a medical examination by your doctor, who can also help determine whether all of your health and safety needs can be met with the level of care provided under waiver services.

Health Insurance & Prescription Drug Coverage for Seniors

Medicaid

Medicaid is the low-income health insurance plan that most financially needy seniors turn to to help with the high cost of medical bills. TennCare pays some or all of the cost for medically necessary treatments, procedures and some medical equipment. Some mental health services and transportation assistance are also potentially covered benefits under the TennCare umbrella.

How to Apply

You can apply for TennCare online or via a downloadable paper application. Call (855) 259-0701 to speak with a program intake worker about your case and for help applying for coverage. You might also apply for coverage through a local Area Agency on Aging, which can assist you with understanding your TennCare benefits, organizing your documents, and filing the paperwork to apply.

Eligibility

In addition to your residency, citizenship and medical need requirements, TennCare also screens new applicants for financial eligibility. To qualify for Medicaid in Tennessee, you have to have income and assets at or below the threshold limits for coverage, which are periodically adjusted upward.

In 2022, the income and asset limits for TennCare coverage are:

	Income Limit	Asset Limit
Single Adult	\$2,523	\$2,000
Married, One Spouse Applying	\$2,523 a month (applicant), \$3,435 a month (non-applicant spouse)	\$2,000 (applicant), \$137,400 (non-applicant spouse)
Married, Both Applying	\$5,046 a month (both combined)	\$4,000

Your TennCare intake worker will likely verify your financial condition by reviewing various supporting documents. Having these documents ready when you submit your application can make the process go as quickly as possible. Documents to have on hand include:

- State-issued ID and a Social Security card to establish residency and citizenship
- Pay stubs, bank statements and other proofs of income
- Stock certificates, bond statements, title deeds and additional proofs of assets
- Transfer documents showing any major transactions you may have engaged in for the last three years
- A signed statement from your doctor about your medical need for care or proof you are age 65 or over to establish needs-based eligibility

Medicare

Original Medicare consists of Part A, which covers services provided on an inpatient basis, and Part B, which covers outpatient services. For example, Part A covers nursing care provided during a hospital stay, while Part B covers things like doctor visits and durable medical equipment.

How to Apply

To apply for Medicare online, visit the Social Security Administration website and fill out the form. You can also apply by telephone or in person. Call (800) 772-1213 to speak with a representative or use the online locator to find a Social Security office near you.

Eligibility

To receive Medicare benefits, you must be at least 65 years old or have a qualifying disability or end-stage renal disease. Everyone pays a premium for Part B, but you may qualify for premium-free Part A coverage if you or your spouse worked and paid Medicare taxes for at least 10 years.

Medicare Advantage

Original Medicare is managed by the federal government, but Medicare Advantage Plans are sold by private insurance companies. Each plan must offer at least the same amount of coverage as Original Medicare, but many insurers offer extra benefits to make their plans more attractive to consumers.

How to Apply

Use the Find a Medicare Plan tool on Medicare.gov to compare Medicare Advantage Plans in your state. When you're ready to enroll, call (800) 633-4227 or contact the plan provider directly.

Eligibility

If you're eligible for Original Medicare, you are likely eligible for Medicare Advantage; however, confirm eligibility requirements with the plan provider.

Medicare Part D

Original Medicare doesn't cover most prescription drugs, so you may want to enroll in Medicare Part D, a supplemental plan that pays for a wide range of medications. Each plan has a formulary that explains how much coverage is provided for each type of drug. Most Medicare Advantage Plans include prescription drug coverage, and you can't enroll in Medicare Part D if you have a Medicare Advantage Plan that pays for prescription medications.

How to Apply

Use the Find a Medicare Plan tool on Medicare.gov to find a plan that meets your needs. When you're ready to enroll, contact the plan directly for instructions on applying for coverage.

Eligibility

To qualify for Medicare Part D, you must be enrolled in Medicare Part A and Medicare Part B (Original Medicare) or one of the few Medicare Advantage Plans that doesn't cover prescription drugs.

Medicare Savings Programs

Tennessee has several Medicare Savings Programs that can help you pay for various care-related expenses. These can include Medicare deductibles, copays and other out-of-pocket costs.

- **Qualified Medicare Beneficiary Program:** This MSP helps pay for Medicare Part A/Part B premiums, Part A/Part B deductibles and Part A/Part B coinsurance.
- **Specified Low-Income Medicare Beneficiary:** The SLMB program helps pay Medicare Part B premiums.
- **Qualified Individual:** The QI program also helps participants pay their Medicare Part B premiums, but it has higher income limits than the QMB and SLMB programs.
- **Qualified Disabled Working Individual:** This MSP pays Medicare Part A premiums for participants who lost their Medicare and Social Security disability benefits because they returned to work and earned more than the allowable limit.

How to Apply

You can apply for the QMB, SLMB or QI program directly through your Medicare provider by visiting the TennCare website and submitting your application. Applications can also be submitted through an Area Agency on Aging. If you need help with the application process or advice on which program you need and how to qualify, you can call a program worker at (855) 259-0701.

Eligibility

You may be eligible to participate in a Medicare Savings Program in Tennessee if you qualify for Medicare Parts A and B, are a permanent resident of the state and a U.S. citizen, and you meet the state's financial standards. Tennessee requires applicants to have an income of 100-120% of the federal poverty line. These requirements are listed in the table below:

Program	Single Income Limits	Married Income Limits	Single Asset Limits	Married Asset Limits
Qualified Medicare Beneficiary	\$1,288	\$2,576	\$8,400	\$12,600
Specified Low-Income Medicare Beneficiary	\$1,288	\$2,576	\$8,400	\$12,600
Qualified Individual	\$1,288	\$2,576	\$8,400	\$12,600
Qualified Disabled Working Individual	\$1,288	\$2,576	\$8,400	\$12,600

Cash Assistance Programs for Seniors

Cash assistance programs help pay for expenses not covered by health insurance, senior living programs and other forms of aid. These benefits can be used to pay for toiletries, public transportation, utilities and other necessities.

Social Security

Social Security is a source of income available to retirees and people who can no longer work because of a disability. The money for Social Security comes from a payroll tax levied on employers, employees and self-employed individuals. When you retire, you'll receive monthly payments based on how much you earned when you were working.

How to Apply

To apply online, visit the Social Security website and fill out the application. You can also call (800) 772-1213.

Eligibility

To qualify for Social Security, you must earn at least 40 Social Security credits in your lifetime. Working and paying your portion of the Social Security payroll tax helps you earn these credits.

Supplemental Security Income

Supplemental Security Income is a tax-funded program that provides monthly payments to help aged, blind and disabled people meet their basic needs.

How to Apply

To apply for SSI, fill out the online application, call (800) 772-1213 or visit your local Social Security office.

Eligibility

SSI has the following eligibility requirements:

Basic Requirements	Aged 65, blind or disabled.
Citizenship	U.S. citizen, U.S. national or resident alien.
Countable Resources	\$2,000 for individuals/\$3,000 for married couples.
Income	Countable income can't exceed the federal benefit rate.