CENTERS FOR MEDICARE & MEDICAID SERVICES
WAIVER LIST

NUMBER: **No. 11-W-00151/4 Title XIX**

TITLE: **TennCare II Medicaid Section 1115 Demonstration**

AWARDEE: **Tennessee Department of Finance and Administration**

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived or specified as not applicable in the following list, shall apply to all TennCare II populations identified in paragraph 17 *(Eligibility)* of the Special Terms and Conditions.

The TennCare II Demonstration will operate under these waiver authorities and those provisions specified as "not applicable." The waiver authorities and the provisions specified as "not applicable" will continue through June 30, 2016, unless otherwise stated.

The following waivers shall enable Tennessee to implement the TennCare II Medicaid Section 1115 demonstration.

WAIVERS OF TITLE XIX REQUIREMENTS FOR TENNCARE MEDICAID TITLE XIX STATE PLAN GROUPS

1. Statewideness/Uniformity **Section 1902(a)(1)**
42 CFR § 431.50

To the extent necessary to enable the state to provide managed care plans or certain types of managed care plans only in certain geographical areas of the state. Certain managed care plans or certain types of managed care plans (e.g., risk-based plans) are only available in certain areas of the state.

2. Proper and Efficient Administration **Section 1902(a)(4)(A)**
42 CFR § 438.52

To the extent necessary to permit the state to have only one pharmacy benefits manager and one dental benefits manager to provide services in a region of the state or statewide.

3. Proper and Efficient Administration **Section 1902(a)(4)(A)**
42 CFR § 435.831

To the extent necessary to enable Tennessee to use streamlined eligibility procedures that provide for coverage of optional Medically Needy children and pregnant women and the Standard Spend Down demonstration population for the remainder of a 12-month eligibility period after the 1-month budget period used for determining eligibility. In accordance with the Code of Federal Regulations, the "budget period" is the period of time used by the state to determine whether an individual has "spent down" enough to meet the Medically Needy Income Standard.

4. Reasonable Promptness **Section 1902(a)(8)**

To the extent necessary to enable the state to limit enrollment in CHOICES 2 and 3 to the enrollment target(s) established by the state, as authorized under 32.d. (*Enrollment Targets for TennCare CHOICES)* of the Special Terms and Conditions, and to allow the state to require applicants for long-term services and supports to complete a person-centered assessment and options counseling process.

5. Access to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) Benefits **Section 1902(a)(10) 42 CFR §§ 440.210 and 440.220**

To the extent necessary to enable the state to permit managed care contractors to limit coverage of FQHC and RHC services, so long as access to care is assured from other providers.

6. Amount, Duration, and Scope of Services **Section 1902(a)(10)(B) 42 CFR 440 Subpart B**

To the extent necessary to enable the state to offer a reduced benefit package, a different benefit package, or cost-effective alternative benefit packages to different populations under the demonstration (except for individuals specified in Section 1902(l)(4) of the Act), to the extent authorized under Section V of the Special Terms and Conditions.

7. Comparability and Amount Duration and Scope **Sections 1902(a)(17) and 1902(a)(10)(B)**

Should the state change the level of care criteria for admission to nursing facilities, to the extent necessary to enable the state to determine whether an individual has a continuing need for nursing facility services, PACE services, or home and community-based services for the elderly and disabled, based on the criteria in use when the individual first was determined to need the service.

8. Freedom of Choice **Section 1902(a)(23)(A) 42 CFR § 431.51**

To enable the state to restrict freedom of choice of provider, through the use of mandatory enrollment in managed care plans or TennCare Select for the receipt of TennCare II and TennCare CHOICES covered services, including for individuals specified at Section 1932(a)(2) of the Social Security Act (the Act). No waiver of freedom of choice is authorized for family planning providers.

9. Retroactive Eligibility **Section 1902(a)(34) 42 CFR § 435.914**

To enable the state not to extend eligibility prior to the date that an application for assistance is made. This waiver authority will expire at the end of the extension period of the demonstration, June 30, 2016, unless otherwise approved based on the requirements of paragraph 8 (*Extension of the Demonstration*) of the STCs.

10. Payment for Outpatient Drugs **Section 1902(a)(54)**

42 CFR §§ 440.120,
447.331-447.334,
and 456 Subpart K

To the extent necessary to enable the state to establish a drug formulary that does not comply with the requirements of Section 1927(d)(4) of the Act.