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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 21-0001

This file contains the following documents in the order listed:

1) Approval Letter
2) Summary Form (with 179-like data)
3) Approved SPA Pages
August 19, 2021

Mr. Stephen M. Smith
Director, Division of TennCare
310 Great Circle Road
Nashville, Tennessee 37243

Re: Tennessee State Plan Amendment (SPA) Transmittal #21-0001

Dear Mr. Smith:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number TN 21-0001. This amendment proposes to add payment methodology for COVID-19 vaccine administration.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440, 441, and 447. This letter is to inform you that Tennessee’s Medicaid SPA Transmittal Number 21-0001 is approved effective February 6, 2021.

If you have any questions, please contact Tandra Hodges at 404-562-7409 or via email at Tandra.Hodges@cms.hhs.gov.

Sincerely,

[Redacted]
Ruth A. Hughes, Acting
Director Division of Program Operations

Enclosures
TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 21-0001

2. STATE: TENNESSEE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE: February 6, 2021

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN  ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN  ☑ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447

7. FEDERAL BUDGET IMPACT:

a. FFY 2021: $2,021,000
b. FFY 2022: $839,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Stand-alone first page.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

New page.

10. SUBJECT OF AMENDMENT: Payment methodology for COVID-19 Vaccine Administration.

11. GOVERNOR’S REVIEW (Check One):

☐ GOVERNOR’S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

□ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: [Redacted]

13. TYPED NAME: Stephen Smith

14. TITLE: Director, Division of TennCare

15. DATE SUBMITTED: 2/8/2021

16. RETURN TO:

Tennessee Department of Finance and Administration
Division of TennCare
310 Great Circle Road
Nashville, Tennessee 37243

Attention: George Woods

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 9, 2021

18. DATE APPROVED: August 19, 2021

19. EFFECTIVE DATE OF APPROVED MATERIAL: February 6, 2021

20. SIGNATURE: [Redacted]

21. TYPED NAME: Ruth A. Hughes

22. TITLE: Acting Director, Division of Program Operations

23. REMARKS:

Section 8 - delete Attachment 4.19-B stand alone
Section 8 - add Attachment 3.1-A., Page 6 and Attachment 3.1.A.1, item 13.c
Section 8 - add Attachment 3.1-B., Page 5 and Attachment 3.1.B.1, item 13.c
Section 8 - add Attachment 4.19-B., item 13.c
Section 9 - delete New Page
Section 9 - add Attachment 3.1-A., Page 6
Section 9 - add Attachment 3.1.B.1, Page 5

FORM HCFA-179 (07-92)
AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

[ ] Provided [ ] No limitations [ ] With limitations*

[X] Not provided.

c. Preventive services.

[X] Provided [ ] No limitations [X] With limitation*

[ ] Not provided

d. Rehabilitative services.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

[X] Provided [X] No limitations [ ] With limitations*

[ ] Not provided.

b. Nursing facility services.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

*Description provided on attachment

TN No. 21-0001
Supersedes Approval Date 08/19/21 Effective Date 02/06/21
TN No. 91-29
13. **Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.**

13.c. **Preventive services**

Preventive services for adults are recommended by a physician or other licensed practitioner of the healing arts acting within the scope of their practice under State law to prevent disease, disability, and other health conditions or their progression, prolong life, and promote physical and mental health and efficiency. Covered preventive services are limited to the administration of COVID vaccinations.

**Qualified Providers**

- Pharmacies are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations.
- Pharmacists licensed under state law and acting within the scope of their practice may administer COVID-19 vaccines.
- Pharmacy interns enrolled in or a graduate of a ACPE accredited school or approved College of Pharmacy and practicing under the supervision of a licensed pharmacist may administer COVID-19 vaccines.
- Pharmacy technicians registered with the Tennessee Board of Pharmacy and practicing under the supervision of a licensed pharmacist are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations.

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**TN No. 21-0001**

Supersedes

TN No. **NEW**

Approval Date **08/19/21**

Effective Date **02/06/21**
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Children Under 21, Pregnant Women

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

   a. Diagnostic services.
      [ ] Provided [ ] No limitations [ ] With limitations*
   b. Screening services.
      [ ] Provided [ ] No limitations [ ] With limitations*
   c. Preventive services.
      [X] Provided [ ] No limitations [X] With limitations*
   d. Rehabilitative services.
      [X] Provided: [ ] No limitations [X] With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.

   a. Inpatient hospital services.
      [X] Provided [X] No limitations [ ] With limitations*
   b. Nursing facility services.
      [X] Provided: [ ] No limitations [ X] With limitations*

*Description provided on attachment.
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

13.c. Preventive services

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- Pharmacy technicians registered with the Tennessee Board of Pharmacy and practicing under the supervision of a licensed pharmacist are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

13.c. Preventive services

Payment for administration of COVID-19 immunizations is made at 100 percent of the rates established by Medicare. These rates recognize the costs involved in administering the vaccine, including the additional resources involved with required public health reporting, conducting outreach and patient education, and spending additional time with patients answering any questions they may have about the vaccine. These rates will also be geographically adjusted. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers for COVID-19 vaccinations.