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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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medic aid and CHIP Operations Group

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,

Ruth A. Hughes, Acting Director Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 21-0001	2. STATE TENNESSEE			
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)				
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE February 6, 2021				
5. TYPE OF PLAN MATERIAL (Check One):					
	CONSIDERED AS NEW PLAN	X AMENDMENT			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447	NDMENT (Separate Transmittal for each 7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$2,021,000 b. FFY 2022 \$839,000	amendment)			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):				
Attachment 4.19-B, Stand-alone first page.	New page.				
10. SUBJECT OF AMENDMENT: Payment methodology for COVID-19 Vaccine Administration.					
11. GOVERNOR'S REVIEW (Check One): X GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☐ OTHER, AS SPECI	FIED:			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Tennessee Department of Finance a	nd Administration			
13. TYPED NAME: Stephen Smith	Division of TennCare 310 Great Circle Road				
14. TITLE: Director, Division of TennCare	Nashville, Tennessee 37243				
15. DATE SUBMITTED: 2/8/2021	Attention: George Woods				
FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED: February 9, 2021	18. DATE APPROVED: August 19, 2021				
PLAN APPROVED – ON	E COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL: February 6, 2021	20. SIGNATU				
21. TYPED NAME: Ruth A. Hughes	22. TITLE: Acting Director, Division of Progra	am 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					

Revision: HCFA - Region VI
November 1990

Attachment 3.1-A
Page 6

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

TN No. 21-0001 Supersedes TN No. 91-29		es	Approval Date 08/19/2	1 Effective Date <u>02/06/21</u>	
*Des	crip	tion provided on attach	nment		
		[] Not provided.			
		[X] Provided:	[] No limitations	[X] With limitations*	
	b.	Nursing facility serv	vices.		
		[] Not provided.			
		[X] Provided	[X] No limitations	[] With limitations*	
	a.	Inpatient hospital se	ervices.		
14.	Sei	Services for individuals age 65 or older in institutions for mental diseases.			
		[] Not provided.			
		[X] Provided:	[] No limitations	[X] With limitations*	
	d. Rehabilitative services.				
		[] Not provided			
		[X] Provided	[] No limitations	[X] With limitation*	
	c.	Preventive services.			
		[X] Not provided.			
		[] Provided	[] No limitations	[] With limitations*	
	b.	Screening services.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: <u>TENNESSEE</u>

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

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

TN No. 21-0001

Revision: HCFA - Region VI November 1990 Attachment 3.1-B Page 5

State/Territory: <u>TENNESSEE</u>

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Children Under 21, Pregnant Women

FN N Sune		<u>21-0001</u> les	Approval Date 08/19/2	Effective Date 02/06/2	
		tion provided on attack	hment.		
		[X] Provided:	[] No limitations	[X] With limitations*	
	b.	Nursing facility services.			
		[X] Provided	[X] No limitations	[] With limitations*	
	a.	. Inpatient hospital services.			
14.	Se	ervices for individuals age 65 or older in institutions for mental diseases.			
		[X] Provided:	[] No limitations	[X] With limitations*	
	d.	Rehabilitative servi	ices.		
		[X] Provided	[] No limitations	[X] With limitations*	
	c.	Preventive services			
		[] Provided	[] No limitations	[] With limitations*	
	b.	Screening services.			
		[] Provided	[] No limitations	[] With limitations*	
	a.	Diagnostic services			
13.		other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those rovided elsewhere in this plan.			
			[] No limitations		
	d.	Eyeglasses.			
		[X] Provided	[] No limitations	[X] With limitations*	
	c.	Prosthetic devices.			

Supersedes TN No. 91-29

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: <u>TENNESSEE</u>

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

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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

TN No. 21-0001 Supersedes TN No. NEW

Approval Date 08/19/21

Effective Date 02/06/21

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

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.

TN No. <u>21-0001</u>
Supersedes Approval Date <u>08/19/21</u> Effective Date 0<u>2/06/21</u>

TN No. New