

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

1. TRANSMITTAL NUMBER:
09-002

2. STATE
TENNESSEE

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 8, 2009

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 2010 \$400,000
b. FFY 2011 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Item 12: 12.a. page 2 of 3.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 4.19-B, Item 12: 12.a. page 2 of 3.

10. SUBJECT OF AMENDMENT:
Methods and Standards for Establishing Payment Rates – Other Types of Care – Prescribed Drugs.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:
Tennessee Department of Finance and Administration
Bureau of TennCare
310 Great Circle Road
Nashville, Tennessee 37243

Attention: George Woods

13. TYPED NAME: Darin J. Gordon

14. TITLE: Director, Bureau of TennCare

15. DATE SUBMITTED: 10/6/09

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 10/06/09

18. DATE APPROVED: 11/03/09

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/08/09

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Mary Kaye Justis, RN, MBA

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid & Children's Health Opns

23. REMARKS: Approved with following changes as authorized by State Agency on email dated 10-29-09:

Block #6. 42 CFR 447 changed to read: 42 CFR 440, 441, and 447; Block #8 Attachment 4.19-B. Item 12: 12a. page 2 of 3 changed to read: Attachment 4.19-B, item 6: 6.d.3 and Attachment 4.19-B, item 12: 12.a. page 2 of 3; Attachment 3.1-A.1, item 6: 6.d.3 and Attachment 3.1-B.1 item 6: 6.d.3; Block #10 Methods and Standards for Establishing Payment Rates – Prescribed Drugs changed to read "Limitation on Amount, Duration and Scope of Medical Care and Services provided; Methods of Standards for Establishing Payment Rates – Other Types of Care – H1N1 Vaccine Administration"