

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



November 7, 2011

Mr. Darin J. Gordon, Director
Department of Finance and Administration
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243

Re: Tennessee Title XIX State Plan Amendment, Transmittal #11-009

Dear Mr. Gordon:

We have reviewed Tennessee State Plan Amendment (SPA) 11-009, which was submitted to the Atlanta Regional Office on August 31, 2011. This amendment assures that Tennessee is in compliance with Section 2301 of the Affordable Care Act which requires states that currently offer services in a freestanding birth center to add this as a mandatory Medicaid service.

Based on the information provided, the Medicaid State Plan Amendment TN 11-009 was approved on November 4, 2011. The effective date of this SPA is July 1, 2011. The signed HCFA-179 and the approved plan pages are enclosed.

If you have any questions regarding this amendment, please contact Kenni Howard at (404) 562-7413.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze for".

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER:
11-009

2. STATE
TENNESSEE

TO: REGIONAL ADMINISTRATOR
 CENTERS FOR MEDICARE & NEDICAID SERVICES
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

4. PROPOSED EFFECTIVE DATE
July 1, 2011

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 U.S.C. § 1396d(1)(3)(C)

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$0
b. FFY 2012 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1.A, page 12; Attachment 3.1.B, page 11.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT:
Section 2301 of the Affordable Care Act – Freestanding Birth Center Services.

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:


13. TYPED NAME: Darin J. Gordon

14. TITLE: Director, Bureau of TennCare

15. DATE SUBMITTED: 8/31/11

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

Attention: George Woods

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 08/31/11

18. DATE APPROVED: 11/02/11

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/11

21. TYPED NAME: Jackie Glaze

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

23. REMARKS:

State/Territory: Tennessee

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

27.(i) **Licensed or Otherwise State-Approved Freestanding Birth Centers**

Provided: No Limitations With limitations*

None licensed or approved

27.(ii) **Licensed or otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

Provided: No limitations With limitations*

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse Midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).*

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.)*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

State/Territory: Tennessee

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

26.(i) **Licensed or Otherwise State-Approved Freestanding Birth Centers**

Provided: No Limitations With limitations*

None licensed or approved

26.(ii) **Licensed or otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center**

Provided: No limitations With limitations*

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse Midwives).

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).*

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.)*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

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

26. Licensed or Otherwise State – Approved Freestanding Birth Centers

Reimbursement is based on rates negotiated between the Managed Care Organizations (MCOs) and the freestanding birth centers.

TN No. 11-009
Supersedes
TN No. NEW

Approval Date: 11-02-11

Effective Date 7/1/11