

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



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March 22, 2010

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

Attention: George Woods

RE: Tennessee Title XIX State Plan Amendment, Transmittal #09-003

Dear Mr. Gordon:

We have reviewed the proposed amendment to the Tennessee State Plan that was submitted under transmittal number 09-003. This amendment makes the State Plan consistent with the approved HCBS waivers regarding institutionalized individuals and their monthly income allowance. It describes persons with greater need and the basis/formula for determining the deductible amount and criteria.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 09-003 was approved on March 22, 2010. The effective date for this amendment is October 1, 2009. We are enclosing the approved CMS Form 179 and approved Plan Pages.

If you have any questions or need any further assistance, please contact Connie Martin at (404) 562-7412.

Sincerely,

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

Enclosure