

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



April 7, 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 #10-002

Dear Mr. Gordon:

We have reviewed the proposed amendment to the Tennessee State Plan that was submitted under transmittal number 10-002. This amendment increases the personal needs allowance (PNA) from \$40 per month per individual to \$50 per month per individual effective January 1, 2010.

Based on the information provided, we are pleased to inform you that Medicaid State Plan Amendment 10-002 was approved on April 6, 2010. The effective date for this amendment is January 1, 2010. 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,

/s/

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

Enclosure