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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 16-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

October 17, 2016

Wendy Long, M.D.
Director, Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243

RE: Tennessee Title XIX State Plan Amendment, Transmittal #16-0003

Dear Dr. Long:

We have reviewed the Tennessee State Plan Amendment (SPA) 16-0003 which was submitted to the Atlanta Regional Office on October 13, 2016. This amendment requested a change to update who is authorized to submit Tennessee State Plan Amendments.

Based on our review, we find this SPA approvable. SPA 16-0003 has an effective date of October 1, 2016.

If you have any questions regarding this amendment, please contact Kenni Howard at (404) 562-7413 or via email at kenni.howard@cms.hhs.gov.

Sincerely,

//s//

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:
TN-16-0003

2. STATE
TENNESSEE

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

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

4. PROPOSED EFFECTIVE DATE
October 1, 2016

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 430.12(b)

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 \$0
b. FFY 2018 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Section 7, page 89.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Section 7, page 89.

10. SUBJECT OF AMENDMENT: General Provisions – State Governor’s Review.

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:
//s//

13. TYPED NAME:
Wendy Long

14. TITLE: Director, Bureau of TennCare

15. DATE SUBMITTED: 10/13/16

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

Attention: Jonathan Reeve

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
10/13/16

18. DATE APPROVED: 10/17/16

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/01/16

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME:
Jackie Glaze

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

23. REMARKS:

Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

OMB No. 0938-

State/Territory: TENNESSEE

Citation 7.4 State Governor's Review

42 CFR 430.12(b) The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Center for Medicare and Medicaid Services with such documents.

Not applicable. The Governor –

Does not wish to review any plan material.

Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION
(Designated Single State Agency)

Date: 10/11/16


(Signature)

Director, Division of Healthcare Finance & Administration
(Title)

TN No. TN-16-0003

Supersedes

TN No. 06-010

Approval Date 10-17-16

Effective 10/1/2016