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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 18-0001

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

August 6, 2018

Ms. Wendy Long, M.D., M.P.H.
Director, Division of TennCare
310 Great Circle Road
Nashville, TN 37243

RE: State Plan Amendment TN 18-0001

Dear Ms. Long:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid state plan submitted under transmittal number (TN) 18-001. Effective July 1, 2018 this plan amendment proposes to eliminate the payment for reserving a bed for a recipient temporarily absent from a nursing facility.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. We have found that the proposed changes in payment methodology comply with applicable requirements and therefore have approved them with an effective date of July 1, 2018. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Stanley Fields at (502) 223-5332.

Sincerely,

//s//

Kristin Fan
Director

Centers for Medicare and Medicaid TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: TN-18-0001	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 July 1, 2018	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.40	7. FEDERAL BUDGET IMPACT: a. FFY 2018 (\$477,195) b. FFY 2019 (\$1,967,536)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19C.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19C.	
10. SUBJECT OF AMENDMENT: Methods of Reimbursing for Reserved Beds in Nursing Facilities and Intermediate Care Facilities for Individuals with Intellectual Disabilities.		
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//	16. RETURN TO: Tennessee Department of Finance and Administration Division of TennCare 310 Great Circle Road Nashville, Tennessee 37243 Attention: George Woods	
13. TYPED NAME: Wendy Long		
14. TITLE: Director, Division of TennCare		
15. DATE SUBMITTED: 06/22/18		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 06/22/18	18. DATE APPROVED: 08/06/18	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/18	20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Kristin Fan/Janet Freeze	22. TITLE: Director, FMG	
23. REMARKS:		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: TENNESSEE

METHODS OF REIMBURSING FOR RESERVED BEDS IN NURSING FACILITIES AND
INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

1. Payments for bed hold days in excess of the limits set out below are not allowable medical expenses.
2. Days when a resident receives care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and such days have not been approved by Medicaid for payment of his care in the facility are not allowable medical expenses.

3. Nursing facility residents:

Medicaid does not reimburse for holding a nursing facility bed when the patient is not physically present in the facility.

4. Residents receiving care in an ICF/IID:

Reimbursement for bed holds will be made as outlined below. Payments for days in excess of these limits are not allowable medical expenses. The following conditions must be met in order for a bed hold reimbursement to be made:

- (a) For days not to exceed 15 days per occasion while the recipient is hospitalized and the following conditions are met:
 - (1) The resident intends to return to the ICF/IID.
 - (2) The hospital provides a discharge plan for the resident.
 - (3) At least 85% of all other beds in the ICF/IID certified at the recipient's designated level of care (i.e., intensive training, high personal care or medical), when computed separately, are occupied at the time of hospital admission.
 - (4) Each period of hospitalization must be physician ordered and so documented in the patient's medical record in the ICF/IID.
- (b) For days not to exceed 60 days per state fiscal year and limited to 14 days per occasion while the recipient, pursuant to physician's order, is absent from the facility on a therapeutic home visit or other therapeutic absence. In order to be eligible for reimbursement, therapeutic home visits or therapeutic absences from the facility (i.e., for purposes other than required hospitalizations, which cannot be anticipated) must be included in the recipient's plan of care.

TN No. 18-0001

Supersedes

TN No. 05-11

Approval Date: AUG 06 2018

Effective Date: 07/01/18