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**State/Territory Name: Tennessee**

**State Plan Amendment (SPA) #: 20-0001**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations

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March 23, 2020

Mr. Stephen M. Smith  
Director, Division of TennCare  
Attention: Aaron Butler  
310 Great Circle Road  
Nashville, Tennessee 37243

Re: Tennessee State Plan Amendment, Transmittal # 20-0001

Dear Mr. Smith:

We have reviewed the proposed amendment to the Tennessee State Plan, submitted under transmittal number TN 20-0001. The SPA was submitted to update the State Governor Review regarding who is authorized to submit SPAs on behalf of the Tennessee, effective March 3, 2020.

Based on the information provided, this amendment is approved on March 23, 2020. We are enclosing the approved form HCFA 179 and plan page. If you have any questions, please contact Tandra Hodges at 404-562-7409 or by email at [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov).

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov).

Sincerely,

/s/

James Scott  
Director  
Division of Program Operations

Enclosures



Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

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: 3/9/20

\_\_\_\_\_  
/s/  
(Signature)

Director, Division of TennCare  
(Title)

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TN No. TN-20-0001

Supersedes

TN No. TN-19-0001

Approval Date 03/13/2020

Effective 3/3/2020