Table of Contents

State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 20-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Medicaid and CHIP Operations

September 10, 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 # 20-0003

Dear Mr. Smith:

We have reviewed the proposed amendment to the Tennessee State Plan, submitted under transmittal number TN 20-0003. The SPA was submitted to delete the obsolete covered service "Community Mental Retardation Clinics" and add "Methadone Clinic Services" for adults as a covered service, effective June 2, 2020.

Based on the information provided, this amendment is approved on September 4, 2020. We are enclosing the approved form HCFA 179 and plan page(s). If you have any questions or need further assistance, please contact my staff members, Tandra Hodges at 404-562-7409 or email Tandra.Hodges@cms.hhs.gov or Cheryl Wigfall at 919-274-5976 or email Cheryl.Wigfall@cms.hhs.gov.

Sincerely,

9

James G. Scott Director Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 20-0003	2. STATE TENNESSEE
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TIT	T E VIV OE THE
	SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	June 1, 2020	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 440, 441 and 447	a. FFY 2020 \$1,412,970	
	b. FFY 2021 \$4,296,500	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 3.1.A; Attachment 3.1.A.1, Item 9.	OK ATTACHMENT (IJ Applicable).	
Attachment 3.1.B; Attachment 3.1.B.1, Item 9.	Attachment 3.1.A; Attachment 3.1.A.1,	Item 9.
Attachment 419B, Item 9.b.(3).	Attachment 3.1.B; Attachment 3.1.B.1, Item 9.	
	Attachment 419B, Item 9.b.(3).	
10. SUBJECT OF AMENDMENT: Limitations on Amount, Duration and Scope of Medical Care and Services Provided to Categorically and Medically Needy; Methods and Standards for Establishing Payment Rates Other Types of Care – Deletion of obsolete covered service "Community Mental Retardation Clinics" and addition of covered service "Methadone Clinic Services" for adults. 11. GOVERNOR'S REVIEW (Check One): X GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Tennessee Department of Finance and Administration	
13. TYPED NAME: Stephen Smith	Division of TennCare	
13. I I FED WAWIE. Stephen Smith	310 Great Circle Road	
14. TITLE: Director, Division of TennCare	Nashville, Tennessee 37243	
15. DATE SUBMITTED: June 10, 2020	Attention: George Woods	
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED: September 04,	2020
June 10, 2020		2020
PLAN APPROVED – ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL:		
June 2, 2020	20. SIGNATURE OF REGIONAL OFF	ICIAL.
21. TYPED NAME:	22. TITLE:	
James G. Scott	Director, Division of Program Operations	
REMARKS:		
The state authorizes a pen-and-ink change to the effective date listed on the Box 4. The effective date should be		
changed to June 2, 2020 in addition to the revised plan pages.		

FORM HCFA-179 (07-92)

STATE: <u>TENNESSEE</u>

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

9. <u>Clinic Services</u>

The following types of clinic services are covered with limitations described for each.

- a. Community Mental Health Centers Services limited to those authorized to be provided.
- b. Community Clinics
 - (1) Community Health Clinics, Community Health Agencies, Community Services Clinics.

 Services limited to those authorized to be provided by each of the above type clinics.
 - (2) Ambulatory Surgical Centers Services limited to those procedures designated by the state agency that can be performed outside the inpatient facility setting.
 - (3) Methadone clinic services are covered.

TN No. 20-0003

Supersedes TN No. 05-009

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STATE <u>TENNESSEE</u>

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

- 9. <u>Clinic Services</u> (continued)
 - (2) Ambulatory Surgical Centers

Payment is for facility services and shall be the lesser of:

- (a) billed charges, or
- (b) an amount based upon Medicare principles as described in 42 CFR 416.120(c).

In no event shall reimbursement exceed the rates determined pursuant to 42 CFR 416.120(c) and in effect July 1, 1988 or the upper limits pursuant to 42 CFR 447.321.

(3) Methadone clinic services

Methadone clinic providers effective June 2, 2020 will be reimbursed the lesser of:

- (a) billed charges, or
- (b) reasonable allowable cost computed according to Medicare principles of reimbursement.
- (c) Payments will not exceed the upper limits pursuant to 42 CFR 447.321.

TN No. 20-0003

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