

Table of Contents

State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 21-0006

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 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 7, 2022

Mr. Stephen M. Smith
Director, Division of TennCare
310 Great Circle Road
Nashville, TN 37243

Re: Tennessee State Plan Amendment (SPA) Transmittal #21-0006

Dear Mr. Smith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) #21-0006. This amendment allows coverage of chiropractors' services for adults.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440,441, and 447. This letter is to inform you that Tennessee Medicaid SPA #21-0006 was approved on March 04, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Tandra Hodges at 404-562-7409 or via email at Tandra.Hodges@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Aaron Butler

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 0 6

2. STATE

T N

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440, 441 and 447.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2021 \$ 0
b. FFY 2022 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, pages 3
Attachment 3.1-B, pages 3
Attachment 3.1.A.1, Item 6.c. (New)
Attachment 3.1.B.1, Item 6.c. (New)
Attachment 4.19B, Item 6.c. (New)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A, page 3.
Attachment 3.1-B, page 3.

9. SUBJECT OF AMENDMENT

Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically and Medically Needy; Limitations on Amount, Duration and Scope of Medical Care and Services Provided to the Categorically and Medically Needy; Methods and Standards for Establishing Payment Rates Other Types of Care – Chiropractors' Services.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

20. TYPED NAME OF APPROVING OFFICIAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Stephen Smith

13. TITLE
Director, Division of TennCare

14. DATE SUBMITTED
December 7, 2021

15. RETURN TO

Tennessee Department of Finance and Administration
Division of TennCare
310 Great Circle Road
Nashville, Tennessee 37243

Attention: George Woods

FOR CMS USE ONLY

16. DATE RECEIVED
December 7, 2021

March 4, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

James G. Scott

Director, Division of Program Operations

22. REMARKS

Authorized pen and ink change to block #7 to add:
Attachment 3.1.A.1, Item 6.c (New)
Attachment 3.1.B.1, Item 6.c (New)
Attachment 4.19B, Item 6.c (New)

STATE: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

Provided No limitations With limitations*

Not provided.

c. Chiropractors' services

Provided No limitations With limitations*

Not provided.

d. Other practitioners' services.

Provided: Identifies on attached sheet with description of limitations, if any.

Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 21-0006

Supersedes

TN No. 92-5

Approval Date 03/04/22

Effective Date 01/1/22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

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

6.c. Chiropractor' Services

Coverage is limited to medically necessary services furnished by chiropractors licensed in accordance with State law and practicing within the scope of their license.

TN No. 21-0006
Supersedes
TN No. NEW

Approval Date 03/04/22

Effective Date 01/1/22

STATE: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(S): Children Under 21, Pregnant Women

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law
- a. Podiatrists' Services
[X] Provided: [] No limitations [X] With limitations*
 - b. Optometrists' Services.
[X] Provided [] No limitations [X] With limitations*
 - c. Chiropractors' Services
[X] Provided: [] No limitations [X] With limitations*
 - d. Other Practitioners' Services.
[X] Provided: [] No limitations [X] With limitations
7. Home Health Services
- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
[X] Provided: [] No limitations [X] With limitations*
 - b. Home health aide services provided by a home health agency.
[X] Provided: [] No limitations [X] With limitations*
 - c. Medical supplies, equipment, and appliances suitable for use in the home.
[X] Provided: [] No limitations [X] With limitations*
 - d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
[X] Provided: [] No limitations [X] With limitations*

*Description provided on attachment.

*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

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

6.c. Chiropractors' Services

Coverage is limited to medically necessary services furnished by chiropractors licensed in accordance with State law and practicing within the scope of their license.

TN No. 21-0006
Supersedes
TN No. NEW

Approval Date 03/04/22

Effective Date 01/1/22

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

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

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6.c. Chiropractors' Services

Payment for chiropractors' services is made at 75 percent of the rates established by Medicare.

TN No. 21-0006

Supersedes

TN No. New

Approval Date 03/04/22

Effective Date 01/01/22