

## **Table of Contents**

**State/Territory Name: Tennessee**

**State Plan Amendment (SPA) #: 21-0007**

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

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February 4, 2022

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

Re: Tennessee State Plan Amendment (SPA) Transmittal #21-0007

Dear Mr. Smith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) #21-0007. This amendment provides assurance of transportation requirements in accordance with Section 209 of the Consolidated Appropriations Act of 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 431.53. This letter is to inform you that Tennessee Medicaid SPA #21-0007 was approved on February 3, 2022, with an effective date of December 27, 2021.

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

Sincerely



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 7

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  
**December 27, 2021**

5. FEDERAL STATUTE/REGULATION CITATION  
**Section 1902(a)(87) of the Social Security Act**


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 0  
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 3.1-D, Pages 1 and 2**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 3.1-D Page 2 (New)**

9. SUBJECT OF AMENDMENT  
**This amendment updates the state's assurance of transportation to reflect compliance with the standards for providers of NEMT contained in the Consolidated Appropriations Act, 2021.**

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Stephen Smith**

13. TITLE  
**Director, Division of TennCare**

14. DATE SUBMITTED  
**December 21, 2021**

15. RETURN TO  
Tennessee Department of Finance and Administration  
Division of TennCare  
310 Great Circle Road  
Nashville, Tennessee 37243  
  
Attention: George Woods

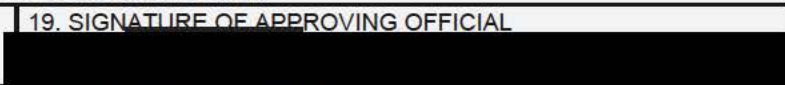
**FOR CMS USE ONLY**

16. DATE RECEIVED  
**December 21, 2021**

17. DATE APPROVED  
**February 3, 2022**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**December 27, 2021**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**James G. Scott**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Program Operations**

22. REMARKS  
**Authorized pen and ink change to block #9 to add Page 2 (New)**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

METHODS USED IN ASSURING NECESSARY TRANSPORTATION

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The State agency assures that necessary transportation of recipients to and from providers of service will be provided. The method that will be used is as follows:

1. Emergency ambulance transportation on a state wide basis for recipients with emergency conditions.
2. Non-emergency ambulance transportation services on a state wide basis for recipients whose conditions are such that any other means of transportation is contraindicated.
3. Volunteer transportation services provided on a state wide basis for recipients who are determined eligible for transportation services. This includes services provided by friends, family members, volunteer organizations, etc. who are approved volunteer transporters.
4. Commercial transportation services such as taxicabs, vans, buses, common carriers, etc., provided on a state wide basis for recipients who are determined eligible for transportation services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

METHODS USED IN ASSURING NECESSARY TRANSPORTATION

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Tennessee ensures that the any provider of NEMT to medically necessary services receiving payments under this State Plan (but excluding any public transit authority) meets the following minimum requirements:

- (A) Each provider and individual driver is not excluded from participation in any federal health care program (as defined in section 1128B(f) of the Act) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;
- (B) Each such individual driver has a valid driver's license;
- (C) Each such provider has in place a process to address any violation of a state drug law; and
- (D) Each such provider has in place a process to disclose to the state Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.