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State/Territory Name:  Tennessee

State Plan Amendment (SPA) #: 21-007

This file contains the following documents in the order listed:

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

Sincerely,

James G. Scott, Director
Division of Program Operations

cc: Aaron Butler
1. TRANSMITTAL NUMBER: 21-00007
2. STATE: TN
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
   - XIX
   - XXI
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)
   - FFY 2022: $0
   - 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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
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
16. DATE RECEIVED
    December 21, 2021
17. DATE APPROVED
    February 3, 2022
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)

Instructions on Back
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

METHODS USED IN ASSURING NECESSARY TRANSPORTATION

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.

Supersedes TN No. 91-12

Approval Date 2/3/2022
Effective Date 12/27/21
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

METHODS USED IN ASSURING NECESSARY TRANSPORTATION

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.