

## **Table of Contents**

**State/Territory Name: Tennessee**

**State Plan Amendment (SPA)#: 24-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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 26, 2025

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

Re: Tennessee State Plan Amendment (SPA) 24-0004

Dear Mr. Smith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0004. This amendment updates the allowance for personal needs for institutionalized individuals and couples.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act, section 1924 and 42 CFR 435. This letter informs you that Tennessee's Medicaid SPA TN 24-0004 was approved on February 26, 2025, effective January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Tennessee State Plan.

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

Enclosures

cc: Aaron Butler

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 4

2. STATE

TN3. 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, 2025

5. FEDERAL STATUTE/REGULATION CITATION

Section 1924 of the Social Security Act  
42 CFR 435

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 1,573,076b. FFY 2026 \$ 2,097,434

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6-A, Page 4a  
Supplement 13 to Attachment 2.6-A, Page 18. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment 2.6-A, Page 4a  
Supplement 13 to Attachment 2.6-A, Page 1

9. SUBJECT OF AMENDMENT

Updates the Personal Needs Allowance for an institutionalized individual from \$50 to \$70 and for an institutionalized couple from \$100 to \$140.

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 30, 2024

15. RETURN TO

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

Attention: Aaron Butler

**FOR CMS USE ONLY**

16. DATE RECEIVED

December 30, 2024

17. DATE APPROVED

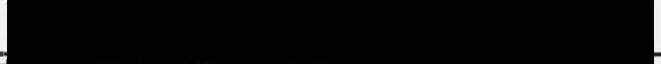
February 26, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

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

State: Tennessee

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$70 For Individuals and \$140 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ <u>70</u> Couples \$ <u>140</u></p> <p>For the following persons with greater need:</p> <p>Supplement 13 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$ <u>70</u> Adults \$ <u>70</u></p> <p>For the following persons with greater need:</p> <p>Supplement 13 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B.7. of <u>Attachment 2.2-A</u>. <u>N/A</u></p>

Revision: HCFA-PM-97-2  
December 1997

SUPPLEMENT 13 TO  
ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Not Applicable

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TN No. 24-0004  
Supersedes  
TN No. 10-002

Approval Date 02/26/25

Effective Date 01/01/25