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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 25-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

June 20, 2025

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

Re: Tennessee State Plan Amendment (SPA) 25-0003

Dear Director Smith:

The Centers for Medicare & Medicaid Services (CMS) has completed our review of the proposed amendment submitted under transmittal number (TN) 25-0003. This state plan amendment (SPA) updates Attachments 3.1-A and 3.1-B of the Medicaid State Plan to comply with CMS' final rule amending 42 CFR 440.90.

We conducted our review of your submittal according to statutory requirements in Social Security Act Section 42 CFR 440.90. This letter is to inform you that Tennessee Medicaid SPA Transmittal Number 25-0003 is approved June 20, 2025, effective January 1, 2025.

If you have any questions regarding this matter, you may contact Tandra Hodges at (404) 562-7409 or via email at Tandra.Hodges@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting 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 5 — 0 0 0 3

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

42 CFR 440.90

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1.A.1, Item 9 -pages 1-6

Attachment 3.1.B.1, Item 9 - pages 1-6

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1.A.1, Item 9;

Attachment 3.1.B.1, Item 9

9. SUBJECT OF AMENDMENT

Limitations on amount, duration, and scope of medical care and services provided - clinic 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Stephen Smith

13. TITLE

Director, Division of TennCare

14. DATE SUBMITTED

March 28, 2025

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

March 28, 2025

17. DATE APPROVED

June 20, 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

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

6/20/25 State authorized Pen & Ink change to Box 7 to
include pages 1-6 to the each attachment page.

State Plan under Title XIX of the Social Security Act

State/Territory: Tennessee

Section 1905(a)(9) Clinic Services

The state provides coverage for this benefit as defined at section §1905(a)(9) of the Social Security Act (the Act) and 42 C.F.R. 440.90 and as described as follows:

General Assurances

- ☒ The state assures services are furnished by a facility that is not part of a hospital in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished by facilities that are organized and operated to provide medical care to outpatients in accordance with 42 C.F.R. 440.90.
- ☒ The state assures that services are furnished under the direction of a physician or dentist in accordance with 42 C.F.R. 440.90(a).

Types of Clinic Services and Limitations in Amount, Duration, or Scope

- ☐ Limitations apply to all services within the benefit category.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0003

Approval Date: 6/20/2025

Supersedes TN: NEW

Effective: 1/1/2025

State Plan under Title XIX of the Social Security Act

State/Territory: Tennessee

Section 1905(a)(9) Clinic Services

Types of Clinics and Services:



Behavioral Health Clinics:

Community Mental Health Centers



Limitations apply only to this clinic type within the benefit category.



IHS and Tribal Clinics:



Limitations apply only to this clinic type within the benefit category.

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State Plan under Title XIX of the Social Security Act

State/Territory: Tennessee

Section 1905(a)(9) Clinic Services

☐ Renal Dialysis Clinics:☐ Limitations apply only to this clinic type within the benefit category.☒ Other Clinics:

Community Clinics;
Community Health Clinics, Community Health Agencies, Community Services Clinics;
Ambulatory Surgical Centers;
Methadone Clinics

☐ Limitations apply only to this clinic type within the benefit category.

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State Plan under Title XIX of the Social Security Act

State/Territory: Tennessee

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic.

- ☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
- ☐ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic:

- ☒ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d):

All behavioral health clinics

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State Plan under Title XIX of the Social Security Act

State/Territory: Tennessee

Section 1905(a)(9) Clinic Services



Services furnished outside of a clinic that is located in a rural area and is not a rural health clinic (as referenced in section §1905(a)(2)(B) of the Act and 42 C.F.R. 440.20(b) of this subpart) by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(e):



A definition adopted and used by a federal governmental agency for programmatic purposes:



A definition adopted by a state governmental agency with a role in setting state rural health policy:

Consistent with Tennessee Department of Economic and Community Development policy, rural areas are defined as counties in which less than 50 percent of the population lives within a Census Urbanized Area with a population of more than 50,000.

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State Plan under Title XIX of the Social Security Act**State/Territory:** Tennessee**Section 1905(a)(9) Clinic Services**

The state attests that:

- ☒ The selected definition of a rural area best captures the population of rural individuals that meets more of the four criteria that mirror the needs and barriers to access experienced by individuals who are unhoused:
- The population experiences high rates of behavioral health diagnoses or difficulty accessing behavioral health services;
 - The population experiences issues accessing services due to lack of transportation;
 - The population experiences a historical mistrust of the health care system; and
 - The population experiences high rates of poor health outcomes and mortality.

Additional Benefit Description (Optional)

At its option the state may provide additional descriptive information about the benefit, beyond what is included in the federal statutory and regulatory definitions and descriptions:

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