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**State/Territory Name: Tennessee**

**State Plan Amendment (SPA) #: 19-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Atlanta Regional Office  
61 Forsyth St., Suite 4T20  
Atlanta, Georgia 30303-8909



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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January 28, 2019

Gabe Roberts, Deputy Director  
Division of TennCare  
310 Great Circle Road  
Nashville, TN 37243

Attention: Aaron Butler

Re: Tennessee State Plan Amendment, Transmittal # 19-0001

Dear Mr. Roberts:

We have reviewed the proposed amendment to the Tennessee State Plan, submitted under transmittal number MS 19-0001. The SPA was submitted to update the designated single state agency authorization for state plan amendments, effective January 19, 2019.

Based on the information provided, this amendment is approved on January 28, 2019. We are enclosing the approved form HCFA 179 and plan page. If you have any questions, please contact Tandra Hodges at 404-562-7409 or by email at [Tandra.Hodges@cms.hhs.gov](mailto:Tandra.Hodges@cms.hhs.gov).

Sincerely,

//s//

Shantrina D. Roberts, MSN  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 19-0001	2. STATE TENNESSEE
<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 19, 2019	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 430.12(b)		7. FEDERAL BUDGET IMPACT: a. FFY 2019    \$ 0 b. FFY 2020    \$ 0	
Section 7, page 89.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Section 7, page 89.	
10. SUBJECT OF AMENDMENT: General Provisions – State Governor’s Review.			
11. GOVERNOR’S REVIEW ( <i>Check One</i> ):			
<input checked="" type="checkbox"/> GOVERNOR’S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR’S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input type="checkbox"/> OTHER, AS SPECIFIED:	
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: Tennessee Department of Finance and Administration Division of TennCare 310 Great Circle Road Nashville, Tennessee 37243  Attention: George Woods	
13. TYPED NAME: John G. Roberts			
14. TITLE: Director, Division of TennCare			
15. DATE SUBMITTED:			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 01/23/19		18. DATE APPROVED: 01/28/19	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/19/19		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Shantrina D. Roberts		22. TITLE: Associate Regional Administrator Division of Medicaid & Children’s Health Operations	
23. REMARKS:			

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)

OMB No. 0938-

State/Territory: TENNESSEE

Citation 7.4 State Governor's Review

42 CFR 430.12(b) The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Center for Medicare and Medicaid Services with such documents.

Not applicable. The Governor –

Does not wish to review any plan material.

Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION  
(Designated Single State Agency)

Date: 1/22/19

  
\_\_\_\_\_  
(Signature)

Director, Division of TennCare  
(Title)

TN No. TN-19-0001

Supersedes

TN No. TN-16-0003

Approval Date 01/28/19

Effective 1/19/2019