Table of Contents

State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 20-0001

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 601 East 12th Street Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations

March 23, 2020

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

Re: Tennessee State Plan Amendment, Transmittal # 20-0001

Dear Mr. Smith:

We have reviewed the proposed amendment to the Tennessee State Plan, submitted under transmittal number TN 20-0001. The SPA was submitted to update the State Governor Review regarding who is authorized to submit SPAs on behalf of the Tennessee, effective March 3, 2020.

Based on the information provided, this amendment is approved on March 23, 2020. 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.

If you have any additional questions or need further assistance, please contact Tandra Hodges at (404) 562-7409 or Tandra.Hodges@cms.hhs.gov.

Sincerely,

/s/

James Scott Director Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 20-0001	2. STATE Tennessee	
STATE PLAN MATERIAL	20-0001	Temiessee	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE		
5. TYPE OF PLAN MATERIAL (Check One):	<u> </u>		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X☐ AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) ION: 7. FEDERAL BUDGET IMPACT:		
6. FEDERAL STATUTE/REGULATION CITATION: 42CFR 430.12(b)	a. FFY \$		
. ,	b. FFY \$		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):		
Section 7, page 89	Section 7, page 89		
10. SUBJECT OF AMENDMENT: General Provisions – State Governor's Reviews			
11. 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			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO: Tennessee Department of Finance and Administration		
13. TYPED NAME: Stephen Smith	Division of TennCare 310 Great Circle Road		
14. TITLE: Director, Division of TennCare	Nashville, Tennessee 37243		
15. DATE SUBMITTED: 03/13/20	_		
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 03/13/20	18. DATE APPROVED: 03/23/20		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 03/03/20	20. SIGNATURE OF REGIONAL OFFICIAL: /s/		
21. TYPED NAME: James Scott	22. TITLE: Director, Division of Program Operations		
23. REMARKS:			

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

OMB No. 0938-

State/Territory: <u>TENNESSEE</u>

<u>Citation</u> 7.4 <u>State Governor's Review</u>

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.

 \underline{X} Not applicable. The Governor-

 \underline{X} 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: 3/9/20

/s/ (Signature)

<u>Director. Division of TennCare</u> (Title)

TN No. TN-20-0001

Supersedes

TN No. <u>TN-19-0001</u> Approval Date <u>03/13/2020</u> Effective <u>3/3/2020</u>