State/Territory: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ____ No limitations X With limitations*

2.a. Outpatient hospital services.

Provided: ____ No limitations X With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic which are otherwise included in the State plan.

X Provided: X No limitations ____ With limitations*

____ Not provided.

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: X No limitations ____ With limitations*

3. Other laboratory and x-ray services.

Provided: ____ No limitations X With limitations*

*Description provided on attachment.

D1021311

State/Territory: Tennessee

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ___ No limitations X With limitations*

4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: X No limitations ___ With limitations*

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: ___ No limitations X With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ___ No limitations X With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services.

Provided: ___ No limitations X With limitations*

* Description provided on attachment.

State/Territory: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

/X/ Provided: /_/ No limitations /X/With limitations*

/_/ Not provided.

c. Chiropractors' services.

/_/ Provided: /_/ No limitations /_/With limitations*

/X/ Not provided.

d. Other practitioners' services.

/X/ Provided: Identified on attached sheet with description of limitations, if any.

/_/ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: /_/No limitations /X/With limitations*

b. Home health aide services provided by a home health agency.

Provided: /_/No limitations /X/With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: /_/No limitations /X/With limitations*

*Description provided on attachment.

State/Territory: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

/X/ Provided: /_/ No limitations /X/With limitations*

/_/ Not provided.

8. Private duty nursing services.

/_/ Provided: /_/ No limitations /_/With limitations*

/X/ Not provided.

*Description provided on attachment.

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY

9. Clinic services.
/X/ Provided: / / No limitations /X/ With limitations*
/ / Not provided.

10. Dental services.
/ / Provided: / / No limitations / / With limitations*
/X/ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

/ / Provided: / / No limitations / / With limitations*
/X/ Not provided.

b. Occupational therapy.

/ / Provided: / / No limitations / / With limitations*
/X/ Not provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

/ / Provided: / / No limitations / / With limitations*
/X/ Not provided.

*Description provided on attachment.

D1015193

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

b. Dentures.

/ / Provided: / / No limitations / / With limitations*

/X/ Not provided.

c. Prosthetic devices.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

d. Eyeglasses.

/ / Provided: / / No limitations / / With limitations*

/X/ Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services.

/ / Provided: / / No limitations / / With limitations*

/X/ Not provided.

*Description provided on attachment.

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

/_/ Provided: /_/ No limitations /_/ With limitations*

/X/ Not provided.

c. Preventive services.

/_/ Provided: /_/ No limitations /_/ With limitations*

/X/ Not provided.

d. Rehabilitative services.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

/X/ Provided: /X/ No limitations /_/ With limitations*

/_/ Not provided.

b. Nursing facility services.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

*Description provided on attachment.

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. Services in an intermediate care facility for the mentally retarded (other th in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

[X] Provided: [ ] No limitations [X] gw With limitations*

[ ] Not provided.

17. Nurse-midwife services.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

*Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

---

19. Case management services and Tuberculosis related services

a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

___ Not provided.

b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

___ Provided: ___ With limitations*

X Not provided.

20. Extended services for pregnant women

a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

___ Additional coverage ++

b. Services for any other medical conditions that may complicate pregnancy.

___ Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

State/Territory: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a eligible provider (in accordance with section 1920 of the Act).

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

23. Certified pediatric or family nurse practioners' services.

Provided: /_/ No limitations /X/ With limitations*

*Description provided on attachment.

State/Territory: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

/X/ Provided: / / No limitations /X/With limitations*

/ / Not provided.

b. Services of Christian Science nurses.

/ / Provided: / / No limitations / /With limitations*

/X/ Not provided.

c. Care and services provided in Christian Science sanitoria.

/X/ Provided: / / No limitations /X/With limitations*

/ / Not provided.

d. Nursing facility services for patients under 21 years of age.

/X/ Provided: / / No limitations /X/With limitations*

/ / Not provided.

e. Emergency hospital services.

/X/ Provided: / / No limitations /X/With limitations*

/ / Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

/ / Provided: / / No limitations / /With limitations*

/X/ Not provided.

*Description provided on attachment.

State: TENNESSEE

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

_____ provided X not provided

State: Tennessee

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Categorically Needy

26. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

X Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

____ No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

D1012044

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (A) - PREGNANT WOMEN

A. Target Group:

The Tennessee Department of Health and Environment has defined the target population for prenatal case management as pregnant women who would be eligible for a Title V program. Services will be provided in accordance with the Medicaid/Title V agency agreement.

B. Areas of State in Which Services Will Be Provided:

Entire State: [X]

Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide):

C. Comparability of Services: [ ]

Services are provided in accordance with Section 1902(a)(10)(B) of the Act. [ ]

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B). [X]

D. Definition of Services:

Targeted case management is a set of interrelated activities under which responsibility for locating, coordinating, and monitoring appropriate services for an individual rests with a specific person within the case management provider agency. The purpose of case management services for Medicaid eligible pregnant women is to assist those individuals in gaining access to needed medical, social, and other services; to encourage the use of cost-effective medical care by referrals to appropriate providers; to discourage overutilization or duplication of costly services; and to reduce infant mortality and morbidity. Case management is not the provision of medical care, but rather provides the necessary integration of non-medical services, such as nutrition, psychological, or health education/health promotion activities with ongoing medical care.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (A) - PREGNANT WOMEN (continued)

Specifically, comprehensive case management will include the following:

1. Collection of assessment data to identify client/family service needs;
2. Development of an individualized plan of care;
3. Coordination of needed services and providers;
4. Enhancement of client/family skills in identifying problems and accessing needed services;
5. Home visits as indicated; and
6. Maintenance of case management records.

Pregnant women may receive case management services from the time their pregnancy is confirmed and through delivery two months postpartum. There is no limit to the amount of time that can be spent providing case management services during the period in which a woman is eligible to receive the services. However, the payment mechanism is a monthly capitation rate based on at least one contact per month. There is also a limit of one home visit per month.

E. Qualifications of Providers:

1. The case manager is an individual who assists clients in accessing the health care, social service, and educational systems to obtain needed services. He/she is a registered nurse or social counselor. The R.N. must be licensed in Tennessee and have a minimum of one year experience in community health nursing. The social counselor must have a bachelor's degree in a social or behavioral science with a minimum of one year experience in a related position. Experience working with pregnant women is desirable for both these professionals. All providers of case management services under this program will receive initial training and ongoing training developed and sponsored by the Department of Health and Environment, Maternal and Child Health Program.

2. Provider Qualifications:

   a. Must have qualified case manager(s);

   b. Must meet applicable state and federal laws governing the participation of providers in the Medicaid program;

   c. Must have a referral agreement with the state Title V agency;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (A) - PREGNANT WOMEN (continued)

d. Must sign an agreement to meet all state prenatal program standards as well as Medicaid program standards including documentation requirements and cost validation methodologies.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Options to Receive Services - The receipt of case management services will be at the option of the parents of the individual in the target population. No eligible individual will be forced to receive case management services.

2. Free Choice of Providers - All eligible individuals will be free to receive case management services from any qualified provider of those services statewide. Even if the individual receives all other Medicaid services from a clinic or in a particular county, the individual will not be limited to case management services from that clinic or in that county.

3. Provider Participation - All providers who meet the provider qualifications outlined in E.2 above will be considered qualified providers for case management services.

4. Unrestricted Access - The state assures that case management services will not be used to restrict the access of the client to other services available under the state plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under the program authorities for this same purpose.

D1060033

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (B) - INFANTS AND CHILDREN TO AGE 2

A. Target Group:

The Tennessee Department of Health and Environment has defined the target population for infant and child case management services as infants and children to age 2 who would be eligible for a Title V program. Services will be provided in accordance with the Medicaid/Title V agreement.

B. Areas of State in Which Services Will Be Provided:

Entire State: [X]

Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide):

C. Comparability of Services: [ ]

Services are provided in accordance with Section 1902(a)(10)(B) of the Act. [ ]

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B). [X]

D. Definition of Services:

Targeted case management is a set of interrelated activities under which responsibility for locating, coordinating, and monitoring appropriate services for an individual rests with a specific person within the case management provider agency. The purpose of case management services for infants and children is to assist those individuals in gaining access to needed medical, social, and other services; to encourage the use of cost-effective medical care by referrals to appropriate providers; to discourage overutilization or duplication of costly services; and to reduce infant mortality and morbidity. Case management is not the provision of medical care, but rather provides the necessary integration of non-medical services, such as nutrition, psychological, or health education/health promotion activities with ongoing medical care.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (B) - INFANTS AND CHILDREN TO AGE 2 (continued)

Specifically, comprehensive case management will include the following:

1. Collection of assessment data to identify client/family service needs;
2. Development of an individualized plan of care;
3. Coordination of needed services and providers;
4. Enhancement of client/family skills in identifying problems and accessing needed services;
5. Home visits as indicated; and
6. Maintenance of case management records.

Infants and children may receive case management services from the time of their birth to their second birthday. There is no limit to the amount of time that can be spent providing case management services during the period in which an infant or child is eligible to receive the services. However, case management will be terminated at any time prior to 24 months of age when the child is no longer in need of these services. The payment mechanism is a monthly capitation rate based on at least one contact per month. There is also a limit of one home visit per month.

E. Qualifications of Providers:

1. The case manager is an individual who assists clients in accessing the health care, social service, and educational systems to obtain needed services. He/she is a registered nurse or social counselor. The R.N. must be licensed in Tennessee and have a minimum of one year experience in community health nursing. The social counselor must have a bachelor's degree in a social or behavorial science with a minimum of one year experience in a related position.

   Experience working with infants, children, and families is highly desirable for both these professionals. All providers of case management services under this program will receive initial training and ongoing training developed and sponsored by the Department of Health and Environment, Maternal and Child Health Program.

2. Provider Qualifications:

   a. Must have qualified case manager(s);

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (B) - INFANTS AND CHILDREN TO AGE 2 (continued)

b. Must meet applicable state and federal laws governing the participation of providers in the Medicaid program;

c. Must have a referral agreement with the state Title V agency;

d. Must sign an agreement to meet all state child health standards as well as Medicaid program standards including documentation requirements and cost validation methodologies.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Options to Receive Services - The receipt of case management services will be at the option of the parents of the individual in the target population. No eligible individual will be forced to receive case management services.

2. Free Choice of Providers - All eligible individuals will be free to receive case management services from any qualified provider of those services statewide. Even if the individual receives all other Medicaid services from a clinic or in a particular county, the individual will not be limited to case management services from that clinic or in that county.

3. Provider Participation - All providers who meet the provider qualifications outlined in E.2. above will be considered qualified providers for case management services.

4. Unrestricted Access - The state assures that case management services will not be used to restrict the access of the client to other services available under the state plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under the program authorities for this same purpose.

ME/D4049136

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (B) - INFANTS AND CHILDREN TO AGE 2 (continued)

4. Unrestricted Access - The state assures that case management services will not be used to restrict the access of the client to other services available under the state plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under the program authorities for this same purpose.

ME/D4049136

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TENNESSEE

CASE MANAGEMENT SERVICES

PROGRAM (C) - MENTAL HEALTH

A. Target Group:

Case management services will be limited to those Medicaid eligible clients who meet criteria as specified in Attachment 3.1.A.1 Item 19 (Program C) and Attachment 3.1.B.1, Item 19 (Program C).

B. Areas of State in which services will be provided:

X Entire state.

___ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

___ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(b) of the Act.

D. Definition of Services:

All clients eligible under this plan will receive an initial assessment to determine service needs. An individual service plan will be developed no later than 30 days after the client is admitted to the case management service. The service plan will address client needs, and a plan to address each need. The service plan will be continually monitored and formally reviewed and revised at a minimum of every six months. The supervisor will sign the plan initially and at each six month update.

D1021060

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TENNESSEE

CASE MANAGEMENT SERVICES

PROGRAM (C) - MENTAL HEALTH (continued)

The services covered under this case management program include the following for individuals eligible under the plan:

1. Service planning;

2. Referral and linkages with a broad array of services and not limited just to formal mental health services;

3. Monitoring of the service delivery;

4. Client advocacy to ensure the individual has access to needed services;

5. Assistance to help the client gain adequate community living skills and assistance to help the client address problems in daily living;

6. Immediate assistance in helping the client gain access to crisis intervention services.

E. Qualifications of the Providers

Providers of case management services must be either a:

Mental Health Professional - a person with at least a master's degree and/or clinical training in an accepted mental health field which includes but is not limited to: counseling, nursing, occupational therapy, psychology, social work, vocational rehabilitation or activity therapy,

or:

Mental Health Personnel - a staff member with a Bachelor's degree who works under the direct supervision of a mental health professional. Any exception to the educational requirement must be approved by the Department of Mental Health and Mental Retardation and the Department of Health and Environment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TENNESSEE

CASE MANAGEMENT SERVICES

PROGRAM (C) - MENTAL HEALTH (continued)

Service providers will be those who meet the program and fiscal standards of the Department of Mental Health and Mental Retardation, as approved by the state Medicaid agency, who are licensed by the Department of Mental Health and Mental Retardation and who provide services under contract with the Department of Mental Health and Mental Retardation. Service providers will also meet the program and fiscal standards of the state Medicaid agency. Qualified providers will be required to sign a provider agreement specifying that case management services will be available to all who are eligible for the service regardless of ability to pay or source of payment.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.

2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

D3049136

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (D)- CHILDREN IN STATE CUSTODY OR AT RISK OF STATE CUSTODY

A. Target Groups

The Tennessee Department of Finance and Administration has defined the target population as children in or entering State custody or at imminent/serious risk of entering or returning to State custody. The target population includes Medicaid-eligible children to age 21.

Imminent risk is defined as follows:

Imminent risk is a status which, absent of intervention, will likely result in a child being placed in or returned to state custody. A child will be considered at imminent risk as long as there is one (1) or more factor(s) which would likely result in the state serving as custodian for the child. Imminent risk can occur prior to state custody in children who have encounters with the judicial system for acts of delinquency or unruliness, truancy, runaway, etc. (acts that are illegal according to law solely because they are performed by minors) or because of allegations the child has been neglected or abused. Imminent risk can occur after state custody when a child is being returned to the family unit on a trial basis after a period of state custody. Imminent risk will be deemed to not exist in the absence of a strong suspicion the child will soon be in state custody.

Serious risk is defined as follows:

Children at serious risk of entering custody – Children identified by the Department of Children's Services (DCS) as children who are highly likely to come into custody.

B. Areas Of State In Which Services Will Be Provided:

Entire State: X

Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide):

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act. _____

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B). X

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (D)- CHILDREN IN STATE CUSTODY OR AT RISK OF STATE CUSTODY

D. Definition of Services:

Targeted Case Management Services is a set of interrelated activities through which eligible individuals will be assisted in gaining access to needed medical, social, educational, residential, and other services. Case management activities will encourage the use of least restrictive residential environments and cost effective child services through referrals to appropriate providers. Case management services will discourage over utilization or duplication of costly services and will focus on the child. Case management services are designed to reduce or minimize the number of children in state custody and to utilize a community-based arena of service providers.

Specifically case management for this Medicaid-eligible target population will include the following:

1. Initial triage to determine potential risk of child entering state custody and services needed for the child to preclude custody;

2. Collection of assessment data history information, and medical, psychological, and related evaluations to identify the child's functioning levels and needs;

3. Completion of Assessment Protocol to determine the service needs of the child and his family based on child and family functioning, behavioral and health status;

4. Development of an individualized plan of care with child, custody department, parents, and appropriate others; modifications of plan of care as warranted;

5. Coordination of residential/placement services and/or transportation services;

6. Monitoring of plans of care to assess Department of Children's Services service delivery and child progress;

7. Periodic scheduled reviews of plans of care with appropriate individuals including discharge/release reviews;

8. Home, placement, community visits as needed;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (D)- CHILDREN IN STATE CUSTODY OR AT RISK OF STATE CUSTODY

9. Maintenance of individual child case management records; and

10. Update of computerized assessment and service delivery data tools.

Because the needs of each child will vary and case management services are individualized, there is no minimum or maximum amount of time to be spent on case management services during the period the child is eligible for the services. Children who present with multiple problems and/or prior involvement with state care will likely require more extensive case management services. Case management services will be terminated three (3) months after a child is discharged or released from state care/custody, is determined to no longer be at imminent/serious risk, and is successfully reunited with a family in a home or community. Case management is not the provision of medical care, but rather provides the necessary integration and coordination of medical and nonmedical care.

E. Qualifications of Providers:

1. The case management services shall be performed by clusters of individuals within a Case Management Team. Teams will consist of case managers, team leaders (supervisors), and coordinator with support staff. Team staff (case managers and team leaders) will possess bachelor's degrees and/or licensure and/or experience in the areas of social work, justice and correctional system, guidance counseling, assessment and referral, education, nursing, psychology, speech pathology, audiology, and other related areas. Experience working with high risk children and dysfunctional families is highly desirable for all of the case management staff. All providers of case management services will receive extensive initial case management training with regular ongoing training activities provided by the Department of Children's Services.

   The team Coordinator manages one or more team Supervisors who coordinate the activities of Case Managers 1, 2, and 3. Teams will collectively recommend initial placement types based on documented needs. Case Management staff will rely heavily upon the multi-disciplinary backgrounds and input of team members.

   The state assures that the case managers are people devoted specifically to this project and their duties do not duplicate the functions of social workers from the various state agencies.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (D)- CHILDREN IN STATE CUSTODY OR AT RISK OF STATE CUSTODY

2. Provider Qualifications:

The Case Management Teams shall be considered to be serving a public purpose through improving and otherwise promoting the health of children in state custody or at risk of state custody. While the case management program will operate in all areas of Tennessee, the Case Management Teams must actively promote community support so that the children are able to receive services and remain in their own communities to the maximum extent possible. When it is impractical for a child to remain in his/her own community, the Case Management Team must arrange for services to be provided in other communities. In order to achieve these goals, providers must meet the following requirements:

a. Providers must have a sufficient number of Case Management Teams to serve each area of the state.

b. Providers must establish the Case Management Teams in the same geographic areas served by Community Service Agencies (CSAs). These service areas are described in Tennessee Code Annotated: Title 37, Chapter 5, Part 3 and include the major metropolitan areas of:

(1) Memphis and Shelby County;
(2) Metropolitan Nashville-Davidson County;
(3) Knoxville and Knox County; and
(4) Chattanooga and Hamilton County.

Additionally, Case Management Teams must be established in the eight (8) rural service areas where CSAs are established in order to provide a comprehensive network of coverage.

c. Providers must have written policies, procedures, ordinances, or rules and regulations to govern their internal operation at each site and must make and execute contracts or other instruments necessary or convenient for the exercise of their duties and responsibilities. These documents must include a plan of operation which facilitates interaction between the Case Management Teams and the Department of Children's Services.

d. Providers must comply with State and Federal laws governing the participation of providers in the Medicaid program.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (D)- CHILDREN IN STATE CUSTODY OR AT RISK OF STATE CUSTODY

e. Providers must be providers of Title V services or have an agreement with the State Title V agency for the provision of services to the target population.

f. Providers must have qualified staff for each Case Management Team.

F. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's freedom of choice of providers, in violation of 1902(a)(23) of the Act. There will be no restriction on an eligible participant's choice of case management providers, nor will case management services restrict an individual's free choice of providers for other plan covered services.

1. Options to Receive Services

The receipt of case management services will be at the option of the custodian of the child in the target population. No eligible child will be forced to receive case management service.

2. Free Choice of Providers

All eligibles will be free to receive case management services from any qualified provider of those services statewide. Even if the eligible receives all other Medicaid services from a clinic or in a particular county, the individual will not be limited to case management services from that clinic or in that county.

3. Provider Participation

All providers who meet the provider qualifications outlined in "E" above will be considered qualified providers for case management services.

4. Unrestricted Access

The State assures that case management services will not be used to restrict the access of the eligible to other services available under the state plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (D)- CHILDREN IN STATE CUSTODY OR AT RISK OF STATE CUSTODY

G. Payment Mechanism:

The State assures that payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other programs authorities for this same purpose.

GW/D4092058

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (E) - CHILDREN'S SPECIAL SERVICES (CSS) TARGETED CASE MANAGEMENT

A. Target Groups

The Tennessee Department of Health has defined the target population as infants/children enrolled in the Children's Special Services Program (formerly known as the Crippled Children's Program). The target population includes Medicaid-eligible infants and children to age 21 who are physically handicapped or crippled by any reason of physical infirmity, whether congenital or acquired, as a result of accident, or disease, which requires medical, surgical, or dental treatment and rehabilitation, and is or may be totally or partially incapacitated for the receipt of a normal education or for self-support. This definition shall not include those children whose sole diagnosis is blindness or deafness; nor shall this definition include children who are diagnosed as psychotic. This definition may include children with acute conditions such as, but not necessarily limited to, fractures, burns, and osteomyelitis.

B. Areas Of State In Which Services Will Be Provided:

Entire State: X

Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide):

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act. ___

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B). X

D. Definition of Services:

Targeted Case Management Services is a set of interrelated activities through which eligible individuals will be assisted in gaining access to needed medical, social, educational, residential, and other services. After a child is referred to CSS, an assessment is done to collect information required to identify client problems and services needed so that appropriate referrals and follow-up can be assured. The Individual Family Service Plan (IFSP) will be started at the time of application and will be continued at the initial home visit as well as at the regional clinic. Each eligible child will have a designated care coordinator who will serve as the one consistent link among all the agencies and professionals providing services to that particular patient.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (E) - CHILDREN'S SPECIAL SERVICES (CSS) TARGETED CASE MANAGEMENT (continued)

Once all the assessments have been completed, comprehensive data about the child will be available. This data will be used by the care coordinator to identify problems and to plan actions for eliminating or lessening them.

Specifically, CSS comprehensive case management will include the following:

1. Collection of assessment data to identify the child's service needs;

2. Development of an individual family service plan (IFSP) for each child;

3. Coordination of needed services and providers;

4. Home visits as indicated; and

5. Maintenance of case management records.

E. Qualifications of Providers:

1. Care coordinators will possess good knowledge of health and social agencies and community resources; excellent communication skills with both clients and other professionals; working knowledge of basic medical terminology; ability to establish and maintain effective working relations with others; ability to react calmly and effectively to patients and others in emergency situations; ability to participate in the preparation of a variety of standard operational records and reports; ability to express themselves clearly and concisely, both orally and in writing; ability to organize, implement and maintain a tracking system which assures that basic client needs are met.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (E) - CHILDREN'S SPECIAL SERVICES (CSS) TARGETED CASE MANAGEMENT (continued)

The care coordinator must have graduated from an approved school of nursing and/or graduated from an accredited college or university with a Bachelor's Degree in a social or behavioral science. The care coordinator must meet the requirements of social counselor or social worker.

If the care coordinator is a graduate of an approved school of nursing, the person must also be licensed in the State of Tennessee.

2. Care Coordination Team must have written policies, procedures, ordinances, or rules and regulations to govern their internal operation at each site and must make and execute contracts or other instruments necessary for the exercise of their duties and responsibilities. These documents must include a plan of operation which facilitates interaction between the provider/Care Coordination Teams, the parent or custodian of the infant/child and all agencies involved in any aspect of the child's care.

3. CCT must comply with State and Federal laws governing the participation of providers in the Medicaid program.

4. CCT must be providers of Title V services or have an agreement with the State Title V agency for the provision of services.

5. CCT must have qualified staff for each Team.

F. Freedom of Choice:

The State assures that the provision of case management services will not restrict an individual's freedom of choice of providers, in violation of 1902(a)(23) of the Act. There will be no restriction on an eligible participant's choice of case management providers, nor will case management services restrict an individual's free choice of providers for other plan covered services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (E) - CHILDREN'S SPECIAL SERVICES (CSS) TARGETED CASE MANAGEMENT (continued)

1. Options to Receive Services

The receipt of case management services will be at the option of the parent or custodian of the infant/child in the target population. No eligible child will be forced to receive case management service.

2. Free Choice of Providers

All eligibles will be free to receive case management services from any qualified provider of those services statewide. Even if the eligible receives all other Medicaid services from a clinic or in a particular county, the individual will not be limited to case management services from that clinic or in that county.

3. Provider Participation

All providers who meet the provider qualifications outlined in "E" above will be considered qualified providers for case management services.

4. Unrestricted Access

The State assures that case management services will not be used to restrict the access of the eligible to other services available under the state plan.

G. Payment Mechanism:

The State assures that payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

D1092357

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____Tennessee_____

PACE

I. Eligibility

The State determines eligibility for PACE enrollees under rules applying to community groups.

A. _X___The State determines eligibility for PACE enrollees under rules applying to institutional groups as provided for in section 1902(a)(10)(A)(ii)(VI) of the Act (42 CFR 435.217 in regulations). The State has elected to cover under its State plan the eligibility groups specified under these provisions in the statute and regulations. The applicable groups are: (See Attachment)

(If this option is selected, please identify, by statutory and/or regulatory reference, the institutional eligibility group or groups under which the State determines eligibility for PACE enrollees. Please note that these groups must be covered under the State's Medicaid plan.)

B. _____The State determines eligibility for PACE enrollees under rules applying to institutional groups, but chooses not to apply post-eligibility treatment of income rules to those individuals. (If this option is selected, skip to II - Compliance and State Monitoring of the PACE Program.

C. __X___The State determines eligibility for PACE enrollees under rules applying to institutional groups, and applies post-eligibility treatment of income rules to those individuals as specified below. Note that the post-eligibility treatment of income rules specified below are the same as those that apply to the State's approved HCBS waiver(s).

Regular Post Eligibility

1.____ SSI State. The State is using the post-eligibility rules at 42 CFR 435.726. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

(a) Sec. 435.726--States which do not use more restrictive eligibility requirements than SSI.
  1. Allowances for the needs of the:
    (A) Individual (check one)
      1.____The following standard included under the State plan (check one):
        (a) _____SSI
        (b) _____Medically Needy
        (c) _____The special income level for the institutionalized
        (d) _____Percent of the Federal Poverty Level: _____%
        (e) _____Other (specify):_____
      2._____The following dollar amount: $_____
        Note: If this amount changes, this item will be revised.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

PACE

_____

_____

3.____The following formula is used to determine the needs lowance:

_____

_____

Note: If the amount protected for PACE enrollees in item 1 is equal to, or greater than the maximum amount of income a PACE enrollee may have and be eligible under PACE, enter N/A in items 2 and 3.

(B) Spouse only (check one):

1.____ SSI Standard
2.____ Optional State Supplement Standard
3.____ Medically Needy Income Standard
4.____ The following dollar amount: $_____
Note: If this amount changes, this item will be revised.
5.____ The following percentage of the following standard that is not greater than the standards above: _____% of _____ standard.
6.____ The amount is determined using the following formula:

_____

_____

7.____ Not applicable (N/A)

(C) Family (check one):

1.____ AFDC need standard
2.____ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3.____ The following dollar amount: $_____
Note: If this amount changes, this item will be revised.
4.____ The following percentage of the following standard that is not greater than the standards above:_____% of_____ standard.
5.____ The amount is determined using the following formula:

_____

_____

6.____ Other
7.____ Not applicable (N/A)

(b) Medical and remedial care expenses in 42 CFR 435.726.

Regular Post Eligibility

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____Tennessee_____

PACE

_____

_____

2. _NA____ 209(b) State, a State that is using more restrictive eligibility requirements than SSI. The State is using the post-eligibility rules at 42 CFR 435.735. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

(a) **42 CFR 435.735**--States using more restrictive requirements than SSI.

1.. Allowances for the needs of the:

(A) Individual (check one)

1.___ The following standard included under the State plan (check one):

(a) _____SSI

(b) _____Medically Needy

(c) _____The special income level for the institutionalized

(d) _____Percent of the Federal Poverty Level: _____%

(e) _____Other (specify):_____

2.___ The following dollar amount: $_____

Note: If this amount changes, this item will be revised.

3.___ The following formula is used to determine the needs allowance:

_____

_____

Note: If the amount protected for PACE enrollees in item 1 is **equal to, or greater than** the maximum amount of income a PACE enrollee may have and be eligible under PACE, **enter N/A in items 2 and 3.**

(B) Spouse only (check one):

1._____The following standard under 42 CFR 435.121:

_____

2._____The Medically needy income standard

_____

3.____ The following dollar amount: $_____

Note: If this amount changes, this item will be revised.

4 .____The following percentage of the following standard that is not greater than the standards above: _____% of _____ standard.

5._____The amount is determined using the following formula:

_____

_____

6._____Not applicable (N/A)

(C) Family (check one):

1.____ AFDC need standard

397

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____Tennessee_____

PACE

_____

_____

2._____Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3.____ The following dollar amount: $_____
Note: If this amount changes, this item will be revised.

4.____ The following percentage of the following standard that is not greater than the standards above:_____% of_____ standard.

5.____ The amount is determined using the following formula:

_____

_____

6.____ Other

7.____ Not applicable (N/A)

(b) Medical and remedial care expenses specified in 42 CFR 435.735.

Spousal Post Eligibility

3.__X_ State uses the post-eligibility rules of Section 1924 of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of PACE services if it determines the individual's eligibility under section 1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(a) Allowances for the needs of the:

1. Individual (check one)

(A) _X___ The following standard included under the State plan check one):

1. _____SSI
2. _____Medically Needy
3. _____The special income level for the institutionalized
4. _____Percent of the Federal Poverty Level: _____%
5. _X___Other (specify): 200% of the SSI-FBR

(B)_____The following dollar amount: $_____
Note: If this amount changes, this item will be revised.

(C)____The following formula is used to determine the needs allowance:

_____

_____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

PACE

If this amount is different than the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community:

II. Rates and Payments

A. The State assures CMS that the capitated rates will be equal to or less than the cost to the agency of providing those same fee-for-service State plan approved services on a fee-for-service basis, to an equivalent non-enrolled population group based upon the ollowing methodology. Please attach a description of the negotiated rate setting methodology and how the State will ensure that rates are less than the cost in fee-for-service.

1.___ Rates are set at a percent of fee-for-service costs

2.___ Experience-based (contractors/State's cost experience or encounter date)(please describe)

3.___ Adjusted Community Rate (please describe)

4.__X__ Other (please describe)

Description of Negotiated Rate Setting Methodology

The initial per-enrollee-per-month capitation rate to be paid to the PACE Provider by TennCare, for the provision of all covered services and administrative and all other costs, was determined by the following:

1. Calculating 95% of the weighted average of nursing facility costs in the geographic service area for the State of Tennessee fiscal year; and

2. Calculating 95% of the statewide average of costs, excluding nursing facility costs, for Medicare/Medicaid dual eligibles for the State of Tennessee fiscal year, inclusive of the following:

   - The capitation rate paid by TennCare to Managed Care Organizations for Medicare/Medicaid dual eligible enrollees,

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

PACE

- The capitation rate paid by TennCare to Behavioral Health Organizations for enrollees, except those classified as seriously and persistently mentally ill (SPMI) or seriously emotionally disturbed (SED), and

- Medicare cost sharing (deductibles and coinsurance) paid by TennCare to providers for Medicare/Medicaid dual eligibles;

3. Adding the calculated amount from 1. above to the calculated amount from 2. above and dividing the total by twelve (12) to establish a monthly per-enrollee-per month capitation rate.

Prior to the end of each State of Tennessee fiscal year, the capitation rate will be reviewed; and subject to TennCare, the capitation rate will be increased by three (3) percent effective on the first day of the subsequent fiscal year, provided that the revised capitation rate does not exceed 95% of the cost of care for a comparable nursing facility population in the geographic service area.

B. The State Medicaid Agency assures that the rates were set in a reasonable and predictable manner. Please list the name, organizational affiliation of any actuary used, and attestation/description for the initial capitation rates.

Rates were determined by the Department of Finance and Administration , Division of Long Term Care.

C. The State will submit all capitated rates to the CMS Regional Office for prior approval.

III. Enrollment and Disenrollment

The State assures that there is a process in place to provide for dissemination of enrollment and disenrollment data between the State and the State Administering Agency. The State assures that it has developed and will implement procedures for the enrollment and disenrollment of participants in the State's management information system, including procedures for any adjustment to account for the difference between the estimated number of participants on which the prospective monthly payment was based and the actual number of participants in that month.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

PACE

ATTACHMENT

ELIGIBILITY - SECTION 1

COVERAGE GROUPS FOR THE PACE WAIVER:

• Special Income Cap	435.236 -- Individuals in an institution who are eligible under a special income cap. This income cap is 300% of the SSI-FBR.

D1022044

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

1. Inpatient hospital services other than those provided in an institution for mental diseases.

   Except for the organ transplants listed below, inpatient hospital days shall be covered as medically necessary. The following organ transplants are limited to the number of inpatient hospital days listed below.

	Transplant Procedure	Total Allowable Days Per Transplant
a.	Heart transplants	43 days
b.	Liver transplants	67 days
c.	Bone Marrow transplants	40 days

   Exceptions to the above list of transplants may be made for other non-experimental transplants if it is found to be medically necessary and cost effective as determined by Medicaid. The allowable inpatient days will be the average length of stay for that transplant.

   Any hospital days paid by insurance or other third party benefits will be considered to be days paid by the Medicaid program. Friday and Saturday admissions will be limited to emergencies or surgery the same or next day.

D1020009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

2. Outpatient hospital services

Limited to 30 visits per fiscal year

3. Other laboratory and X-ray services

Limited to service provided on 30 occasions per fiscal year. An occasion is interpreted to mean laboratory and/or X-ray services performed during a recipient visit, e.g., to a radiologist; or to procedures, e.g., laboratory tests performed for a recipient on a given day by an independent laboratory.

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Nursing facility services to include Level I and Level II (other than services in an institution for mental diseases) will be covered. Medicaid will apply medical criteria for admission and continued stay at the level of care designated and approved by the Tennessee Medicaid program.

The recipient on Level I Care must require on a daily basis, 24 hours a day, licensed nursing services which as a practical matter can only be provided on an inpatient basis.

The recipient on Level II Care must require on a daily basis, 24 hours a day, skilled/complex nursing or skilled/complex rehabilitative services which as a practical matter can only be provided on an inpatient basis.

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

(1) Screening services are limited to individuals who are under 21 years of age, and limitations of those services.

(a) EPSDT screenings are provided at intervals which meet reasonable standards of medical practice, as approved by the Tennessee Chapter of the American Academy of Pediatrics.

(b) Screening services must include those components as set out in section 1905(r)(1)(b). Interperiodic screenings will be covered when medically necessary to determine the existence of certain physical or mental illnesses or conditions.

(c) Appropriate laboratory tests and immunizations are covered as described in the Tennessee Medicaid EPSDT Manual (laboratory tests, section 304.2 and immunizations, section 305).

(2) Vision Services

(a) The following is the Tennessee Medicaid approved schedule for vision screening examinations:

Age	Number of Visits
0 through 2 years	3
3 through 11 years	9
12 through 20 years	9

TN No. 90-7A DATE/RECEIPT 6/26/91
SUPERSEDES DATE/APPROVED 9-23-91
TN No. 88-19 DATE/EFFECTIVE 4-1-90

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

4.b. continued

(b) The following vision services are covered for eligible Medicaid recipients under 21 years of age, and limitation of those services includes:

1. one eye examination and refraction per recipient, per fiscal year is covered. Additional screening examinations are covered based on medical necessity.
2. one permanent pair of eyeglasses per recipient, per fiscal year is covered.
3. one dispensing fee per recipient, per fiscal year is covered for Ophthalmologists, Optometrists and Opticians.
4. optical labs can only be reimbursed for the lenses and frames; a dispensing fee is not allowed.
5. one replacement lens and frames for eyeglasses if the original pair are lost, broken or damaged beyond repair, or are no longer usable due to a change in the recipient's vision so that a new prescription is required.
6. one replacement dispensing fee for Ophthalmologists, Optometrists and Opticians.
7. diagnosis and treatment of amblyopia is covered only for recipients 8 years of age and under.
8. orthoptic training, eye exercise is not covered by Medicaid.

(c) Those vision services requiring prior approval are listed in the Tennessee EPSDT Vision Manual, section 304.

(3) Speech and/or hearing services are covered for eligible Medicaid recipients only through speech and hearing centers approved by the Tennessee Department of Health and Environment.

(a) The following is the Tenessee Medicaid approved schedule for speech and/or hearing examinations:

TN No. 90-7A DATE/RECEIPT 6/26/91
SUPERSEDES DATE/APPROVED 9/23/91
TN No. 87-28 DATE/EFFECTIVE 4/1/90

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

4.b. continued

Age	Number of Visits
0 through 2 years	6
3 through 11 years	18
12 through 20 years	18

Speech and/or hearing examinations are provided on the basis of two examinations per recipient per state fiscal year, except for ages 0 through 1 year of age for which only hearing examinations are covered.

(4) Dental services:

(a) The following is the Tennessee Medicaid approved schedule for dental screening examinations:

Age	Number of Visits
0 through 2 years	4
3 through 11 years	18
12 through 20 years	18

Dental screening examinations are provided once every 6 months per recipient per state fiscal year.

(b) Requests for dental services requiring prior approval shall include a complete plan of treatment including all procedures to be performed regardless of whether a specified procedure requires prior approval, charting of all procedures to be done, and full-mouth set of X-rays; however, when an emergency situation exists and the recipient has had full mouth X-rays or a panorex within the previous three fiscal years, bitewings and a periapical X-ray shall constitute sufficient X-rays.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

4.b. continued

(c) The following list of services, to the extent they are covered by Medicaid, shall require prior approval from the Medicaid medical director, or a designated representative, in order for the services to be reimbursed by Medicaid:

1. Preventive periodontics, routine periodontal scaling, root planing, subgingival curettage per quadrant.

2. Pulpotomy on permanent teeth is limited to apexification only.

3. Root canals shall be limited to one per tooth, per recipient, per lifetime.

4. Porcelain to metal crowns, permanent anterior teeth only; when a tooth cannot be restored satisfactorily with a filling material; and, there must be evidence of tooth maturity.

5. Space maintainers; approval for which shall be limited to fixed unilateral band type, fixed lingual or palatal arch band type (to be approved only when tooth adjacent does not require a stainless steel crown), and fixed band type with crown included.

6. Oral surgery, approval for which shall be limited to routine extractions of permanent teeth requiring prosthetic replacement, surgical extractions of primary or permanent teeth with complicating factors, treatment of soft tissue impaction, partial impaction or complete bony impaction root recovery (removal of residual root), and periodontal surgery where there are related medical factors.

7. Complete dentures and partial dentures with acrylic bases, without clasps or with wrought wire clasps or with cast clasps and lingual or palatal strengthening bar, and unilateral or one tooth partial plate with cast clasps and an acrylic base.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

4.b. continued

8. Non-conforming procedures or services.

9. Orthodontics, prior approval requests for which shall include, in addition to the requirements listed above for all prior approval requests, diagnostic models, an estimate of the total length of planned treatment not to exceed 24 months for orthodontic treatment and a schedule for monthly adjustments.

10. Hospitalization for dental services.

11. Prosthetic appliances which shall be limited to reconstruction in conjunction with previously completed oblative surgery primarily done in cases of cancer therapy and/or conjoint efforts at maxillofacial surgical reconstruction. Services must be rendered by a board certified prosthodontist.

12. Intravenous sedation for dental services given on an ambulatory basis for recipients with eetenuating physical or mental health problems. Approval will be granted only when sedation is administered by a dentist who is:

    a. Board eligible or board certified in oral and maxillofacial surgery; or

    b. Authorized by the Tennessee Board of Dentistry to use general anesthesia or intravenous sedation pursuant to T.C.A. 63-5-108(d) et seq. of the Board of Dentistry.

(d) Routine services not requiring prior approval are:

1. Routine examinations; bitewing x-rays, oral prophylaxis, and application of fluoride once every six months, per recipient;

2. Panographic or full-mouth x-rays limited to one set per three (3) fiscal years, per recipient;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL
CARE AND SERVICES PROVIDED

4.b. continued

3. Amalgam restorations which shall be limited to two restorations per tooth surface, per fiscal year;

4. Pins for the retention of multi-surface plastic or amalgam restorations;

5. Silicate, acrylic, plastic or composite resin or acid-etch which shall be limited to two restorations per tooth surface, per fiscal year, per recipient;

6. Stainless steel single crowns;

7. Pulp cap direct limited to one per tooth, per recipient; and

8. Primary-pulpotomy which shall be limited to one per tooth, per recipient, per lifetime.

D1098342

— The next page is 417 —

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

5. Physician's services furnished by a physician, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere; and medical and surgical services furnished by a dentist in accordance with Section 1905(a)(5) of the Act as amended by Section 4103(a) of P.L. 100-203 (OBRA '87).

   a. Limit office visits to 24 per state fiscal year. Visits made for podiatry and optometry services will count toward this limit.

   b. Inpatient hospital visits will be limited to twenty (20) per state fiscal year except when certain transplant procedures occur. Additional inpatient hospital visits will be available as indicated below for the following transplant procedures:

      Liver transplant - 47 visits
      Heart transplant - 23 visits
      Bone marrow transplant - 20 visits

   c. Prior approval by the Medicaid Medical Director is required for those procedures established by the Single State Agency.

   d. Inpatient psychiatric physician visits for individual under 21 years of age is limited to the allowable inpatient psychiatric under 21 hospital days per state fiscal year.

   e. Except for an emergency the delivery of a newborn infant will be covered only when provided in a hospital or in an Ambulatory Surgical Center classified to provide maternity services.

GW/D2021060

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6a. Podiatrists' Services

Limited to:

1. Routine foot care such as cutting or removing corns, calluses or nails when the patient has a systemic disease of sufficient severity that unskilled performance of such procedure would be hazardous. The patient's condition must have been the result of severe circulatory embarrassment or because of areas of desensitization in the legs or feet.

2. Routine services if they are performed as a necessary and integral part of otherwise covered services, such as the diagnosis and treatment of diabetic ulcers, wounds, and infections.

3. Debridement of mycotic toenails to the extent such debridement is performed no more frequently than once every 60 days, unless the medical necessity for more frequent treatment is documented by the billing podiatrist.

4. Office visits will be limited to two (2) per recipient per fiscal year. These visits will count toward the twenty-four (24) physician visit limit as set out in Attachment 3.1.A.1, Item 5 of the Tennessee State Plan.

5. All other limitations that apply to physician services as set out in Attachment 3.1.A.1 of the Tennessee State Plan.

GW/D2041060

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6b. Optometrists' services

Limited to:

1. The performance of external and internal examination of the human eye or eyelid and any diagnosis, treatment (other than by surgery) of patients with infections, inflammations, and abrasions of the eye or eyelid with topically applied drops, ointments or creams, or any referral of patients for consultation or treatment. Optometrists also have the authority to administer benadryl, epinephine or equivalent medication to counteract anaphylaxis or anaphylactic reaction. An optometrist may use or prescribe topical steroids for not more than seven (7) calendar days from the onset of treatment.

2. The same standards of care as those of primary care physicians providing similar services.

3. Removal of superficial foreign bodies from the conjunctiva of the eye and eyelid.

4. Optometry services for recipients over age 21 do not include services for the purposes of prescribing or providing eyeglasses or contact lenses. Office visits will be limited to four (4) per recipient per fiscal year and will count toward the twenty-four (24) physician visit limit as set out in Attachment 3.1.A.1, Item 5 of the Tennessee State Plan.

5. All other limitations that apply to physician services as set out in Attachment 3.1.A.1 of the Tennessee State Plan.

GW/D2031060

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

6d. Other practitioners' services

1. Physician Assistant

   a. Services of a physician assistant (other than as an assistant-at-surgery) when rendered at an SNF, ICF, or hospital.

   b. Services of a physician assistant as an assistant-at-surgery.

   c. All services provided by a physician assistant must be ordered and billed by a physician.

2. Certified Registered Nurse Anesthetist

   Services by a Certified Registered Nurse Anesthetist are covered when she/he has completed an advanced course in anesthesia, and holds a current certification from the American Association of Nurse Anesthetists as a nurse anesthetist.

D1079166

TN No. 89-17 DATE/RECEIPT 8/15/89
SUPERSEDES DATE/APPROVED 8/24/89
TN No. NEW DATE/EFFECTIVE 7/1/89

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

7. Home Health Services

Provided to persons who are homebound and limited to a total of sixty (60) services per year provided in accordance with 7a., b. and d.

c. Durable medical equipment and supplies will be covered when provided through either of these approved Medicaid providers; home health agency or DME supplier, and in accordance with guidelines of the Agency.

1. The list of covered DME and supplies will be established by the Single State Agency.

2. Those items requiring prior approval by the Medicaid Director (or designee) shall also be established by the Single State Agency.

3. Durable medical equipment and supplies will not be counted against the sixty (60) home health services per year.

d. Speech evaluation must be provided by a certified speech pathologist.

D3051218

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

9. Clinic Services

The following types of clinic services are covered with limitations described for each.

a. Community Mental Health Centers – Services limited to those authorized to be provided.

b. Community Clinics

(1) Community Health Clinics, Community Health Agencies, Community Services Clinics.

Services limited to those authorized to be provided by each of the above type clinics.

(2) Ambulatory Surgical Centers – Services limited to those procedures designated by the state agency that can be performed outside the inpatient facility setting.

(3) Community Mental Retardation Clinics – Services provided by qualified community Mental Retardation Clinics shall be limited to medically necessary preventive, diagnostic, therapeutic, rehabilitative, or palliative services.

(4) Methadone clinic services are not covered.

D1015193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12.a. Prescribed drugs

(1) Prescription outpatient drugs of any manufacturer which has entered into and complies with an agreement under Section 1927(a) of the Social Security Act will be a covered benefit for all TennCare members when prescribed by an authorized licensed prescriber, unless coverage is excluded or otherwise restricted by TennCare in accordance with the following:

(a) TennCare will not cover any drugs that are permitted to be excluded or restricted under the Social Security Act, Section 1927(d)(2). Effective January 1, 2006, the Medicaid agency will not cover any Medicare Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

(b) Coverage of prescription drugs will be limited to five (5) prescriptions per month, pursuant to which at least three (3) out of any five (5) prescriptions or refills in the same month must be generic and no more than two (2) prescriptions or refills in the same month may be for brand name (branded) products. Any branded prescriptions are subject to a requirement of prior authorization by the TennCare Bureau as a condition of coverage, and the State shall designate the covered out-patient drugs to which a prior authorization requirement applies. The monthly coverage limitation shall not apply to (1) medications included on a list to be maintained by the State in accordance with the State's

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

Uniform Administrative Procedures Act and (2) medications from the special exception list maintained by the State in accordance with the State Uniform Administrative Procedures Act for enrollees who have already met an applicable benefit limit if, and only if, the prescriber seeks and obtains a special exemption from the otherwise applicable benefit limit. This list of medications subject to exemptions shall also be maintained by the State in accordance with the State's Uniform Administrative Procedures Act. Pharmacies, providers and beneficiaries shall be made aware of these lists through appropriate notice. Individuals under the age of 21 who are receiving benefits under the EPSDT Program, as well as individuals 21 years of age or older who receive services in nursing facilities (NFs) or in intermediate care facilities for the mentally retarded (ICF/MRs), will not be subject to this benefit limit.

(2) No payment will be made for an innovator multiple source drug (brand name drug) if, under applicable State law, a less expensive multiple source drug could have been dispensed, but only to the extent that such amount exceeds the upper payment limit for such multiple source drug. In the event a prescriber indicates on the face of the prescription ("dispense as written") that he/she is requiring a specific brand name drug be dispensed for a specific TennCare member or if a TennCare member appeals coverage of a generic drug and the appeals process

results in approval of a specific brand name drug, then the reimbursement methodology for that prescription will the same as that for innovator single source drugs covered under the TennCare pharmacy program.

(3) A prior approval system for drugs requiring prior authorization will comply with Section 1927 of the Act and be administered by the pharmacy benefits manager (PBM) or pharmacy benefits administrator (PBA) under contract to TennCare to provide those services. The prior authorization process provides for a turn-around response by either telephone or other telecommunications device within twenty-four hours of receipt of a prior authorization request. In emergency situations, providers may dispense at least a seventy-two hour supply of medication.

(4) Participating pharmaceutical manufacturers will be furnished drug rebate utilization data and allowed to audit this data as set forth and according to the Centers for Medicare and Medicaid Services (CMS) guidelines pursuant to the Act.

(5) As provided by the Act, a new drug manufactured by a company which has entered into a rebate agreement may be covered subject to prior approval, unless the drug is subject to the allowable exclusion categories provided by the Act.

(6) As specified in section 1927(b)(3)(D) of the Act, notwithstanding any other provision of law, information disclosed by manufacturers shall not be disclosed by the State in a form which discloses the identity of a specific manufacturer or prices charged for drugs by such manufacturers, except as the Secretary determines to be necessary and/or to permit the Comptroller General to review the information provided.

(7) Separate agreements between the State and the manufacturers require CMS authorization. The State has CMS authorization for the collection of supplemental rebates that are negotiated with pharmaceutical manufacturers pursuant to the TennCare preferred drug list (PDL) as required by the Act. TennCare will report supplemental rebates from separate agreements to CMS.

(8) The state is in compliance with Section 1927 of the Social Security Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Except as otherwise specifically provided in this State Plan, the state will cover drugs of federal rebate participating manufacturers. The state is in compliance with reporting requirements for utilization and applicable restrictions to coverage. Pharmaceutical manufacturers can audit utilization data. The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate invoicing and verification.

The state will be negotiating supplemental rebates in addition to the federal rebates provided for in Title XIX. Rebate agreements between the state and a pharmaceutical manufacturer will be separate from the federal rebates.

CMS has authorized the state of Tennessee to enter supplemental rebate agreements with drug manufacturers for drugs provided to Medicaid beneficiaries. The Supplemental Rebate Agreement (SRA) submitted to CMS on July 10th, 2008 have been authorized for pharmaceutical manufacturers new agreements and renewals.

Supplemental rebates received by the State in excess of those required under the national drug rebate agreement will be shared with the Federal government on the same percentage basis as applied under the national rebate agreement.

All drugs covered by the program, irrespective of a prior authorization agreement, will comply with the provisions of the national drug rebate agreement.

(9) Reserved.

(10) In accordance with the provisions of the Act, TennCare began the development and implementation of a preferred drug list (PDL) on July 1, 2003. TennCare will move to a single, statewide preferred drug list (PDL) for the entire pharmacy program. Furthermore, TennCare will employ a single pharmacy benefits manager (PBM) to process all TennCare pharmacy claims and respond to all prior approval requests.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

Pursuant to 42 U.S.C. Section 1396r-8 the state is establishing a preferred drug list with prior authorization for drugs not included on the preferred drug list. Prior authorization will be provided with a 24-hour turn-around from receipt of request and a 72-hour supply of drugs in emergency situations.

Prior authorization will be established for certain drug classes, particular drugs or medically accepted indication for uses and doses.

The state will appoint a Pharmaceutical and Therapeutic Committee or utilize the drug utilization review committee in accordance with Federal law.

(11) When a provider with prescribing authority prescribes a covered medication for a TennCare member, and the prescription is presented at a pharmacy that participates in the TennCare program, the member is entitled to either:

(a) The drug as prescribed, if the drug is covered by TennCare and does not require prior authorization; or

(b) The drug as prescribed, if the prescribing provider has obtained prior authorization or established the medical necessity for the medication; or

(c) An alternative medication, if the pharmacist consults the prescribing provider when the member presents the prescription to be filled, and the provider prescribes the substituted drug; or

(d) An emergency supply of the prescribed drug, if the pharmacist is unable, when the member presents the prescription to be filled, to obtain authorization from either TennCare or the designated TennCare point-of-sale (POS) pharmacy claims processor to fill the prescription as written or the prescribing provider's authorization to substitute an alternative medication. If the member does not receive the medication of the type and amount prescribed, the pharmacist shall immediately provide written notice of the right to appeal, including the right to request continuation of services pending appeal, as required by the *Grier* Revised Consent Decree. The member's entitlement to receive an emergency supply of the prescribed drug is subject to the provisions as set out below.

(12) The member is entitled to an emergency supply of the prescribed drug provided that:

(a) The manufacturer has a rebate agreement and the medication is not classified by the FDA or regarded by CMS to be less than effective (DESI, LTE or IRS drug); or

(b) The medication is not a drug in a non-covered TennCare therapeutic category or class of drugs or products such as: agents used for anorexia, weight loss or weight gain, agents used to promote fertility, agents not listed on the TennCare preferred drug list used for the symptomatic relief of cough and colds, agents used for cosmetic purposes or hair growth, agents used to promote smoking cessation, agents not listed on the TennCare drug preferred drug list which are prescription vitamins and mineral products, agents not listed on the TennCare preferred drug list which are nonprescription (over-the-counter) products and drugs, agents not listed on the TennCare preferred drug list which are barbiturates or benzodiazepines. TennCare will exclude from coverage all of the allowable exclusions described above; or

(c) Use of the medication has not been determined to be medically contraindicated because of the member's medical condition or possible adverse drug interaction; or

(d) The prescriber did not prescribe a total quantity less than an emergency supply, in which case the pharmacist must provide a supply up to the amount prescribed.

(13) There are some cases in which it is not feasible for the pharmacist to dispense an emergency supply because the drug is packaged by the manufacturer to be sold as the original unit or because the usual and customary pharmacy practice would be to dispense the drug in the original packaging (inhalers, eye drops, topicals, etc.). When coverage of an emergency supply of a prescription would otherwise be required and when, as described above, it is not feasible for the pharmacist to

dispense an emergency supply, it shall be the responsibility of TennCare to provide coverage for either the emergency supply or the usual dispensing amount, whichever is greater.

(14) Pharmacies should bill prescriptions for TennCare members with other third party insurance to the appropriate third party payer (primary insurer) and bill any applicable copays for covered drugs to TennCare.

(15) Covered drugs under the TennCare Pharmacy Program shall be limited to:

(a) Those legend drugs covered under the Medicaid Drug Rebate Program as described in Section 1927 (k) of the Social Security Act and outlined in the TennCare Pharmacy Program Preferred drug list; and

(b) Non-legend drugs which are listed on the covered OTC drug list; and

(c) Legend and non-legend drugs which are covered and prescribed by an authorized prescriber; and

(d) Those drugs which are not included in the list of excluded therapeutic categories or classes contained in Section 1927(d) of the Social Security Act (listed above in (12)(b); and

(e) Those drugs not considered to be DESI, less-than-effective (LTE) or identical, related or similar (IRS) to DESI drugs.

D1023171

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

12.c. Prosthetic Services

Prostheses, including braces, will be provided on the written request of the attending physician with proper documentation of necessity and prior approval of the Medicaid Director.

D1071086

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

13.d. Rehabilitative Services

A. Rehabilitative Services by Community Mental Health Centers

Rehabilitative services which are restricted to mental health services are covered for eligible Medicaid recipients. Providers of rehabilitation services will meet the following criteria:

1) provide services to individuals with mental illness;

2) provide an array of community mental health services which, at a minimum include outpatient services, crisis intervention services, and symptom management services;

3) comply with applicable "Licensure Rules of the Tennessee Department of Mental Health and Mental Retardation" and have appropriate licensure;

4) comply with all applicable program standards as defined by "Community Mental Health Center Standards";

5) adhere to the Bureau of Medicaid's and the Department of Mental Health and Mental Retardation's fiscal reporting requirements;

6) have a documented ability to provide off-site mental health services; and

7) offer services that are compatible with the Department of Mental Health and Mental Retardation's Mental Health Master Plan.

It is important for providers to meet these criteria in order to assure that recipients of services under the rehabilitation option receive the highest quality and most appropriate services possible. The services to be covered under the rehabilitation services option meet the definition of rehabilitation services found in 42 CFR 440.130(d) and include the following:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

13.d. Rehabilitative Services (continued)

1) individual therapy treatment by individual interview including psychotherapy, relationship therapy, insight therapy, psychoanalysis, and counseling;

2) group therapy treatment through the use of group interactions including group psychotherapy, group psychoanalysis, therapy with groups of families or married couples or similar services;

3) family therapy applied to a family as a unit, where significant members of the family are seen together;

4) couple therapy through planned therapeutic sessions involving two people in a marital relationship who are seen together as a unit;

5) medication maintenance treatment through individual interview and through the use of psychotropic drugs, including prescribing medication and monitoring the patient's condition and progress;

6) psychological evaluation and testing through evaluation of cognitive processes and emotions and problems of adjustments in individuals or in groups, through interpretations of tests of mental abilities, aptitudes, interests, attitudes, emotions, motivation and personality characteristics, including the interpretation of psychological tests of individuals;

7) psychiatric evaluation using the psychodiagnostic process, including a medical history and mental status, which notes the attitudes, behavior, estimate of intellectual functioning, memory functioning, orientation and an inventory of the patient's assets in a descriptive (but not an interpretative) fashion, impressions, and recommendations;

8) symptom management services aimed exclusively at medical treatment which includes ongoing monitoring of the patient's mental illness symptoms and response to treatment interventions to help the patient manage his/her symptoms, assistance with medication compliance and the understanding of the effects of

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

13.d. Rehabilitative Services (continued)

medication, introduction of the patient to symptom management techniques to alleviate symptoms not reduced by medication, assisting the patient in developing coping skills, and consultation with family, legal guardian, and/or significant others to promote understanding and management of the patient's mental illness; and

9) crisis intervention services using short term, intensive services, including crisis oriented counseling, support, and medication, aimed at stabilizing individuals experiencing a psychiatric crisis in order to assist them to return to their pre-crisis level of functioning, and services to assist individuals and members of their natural support systems to resolve situations that may have precipitated or contributed to the crisis.

Service providers will be offering a comprehensive array of mental health services to eligible individuals throughout the state of Tennessee and will be offering them in the most appropriate settings possible (for example, their homes). All services to an individual are provided as directed in an individualized treatment program by a physician or other licensed practitioner of the healing arts within the scope of his/her practice under state law. The treatment plan also directs the duration and scope of services to be provided in order to achieve the goals and objectives of the plan. Therefore, it can be assured that each service to be offered under the rehabilitation services option will be sufficient in amount, duration, and scope to reasonably achieve its purpose.

Provision of services where the family is involved will be directed to meeting the identified client's treatment needs. Services provided to non-Medicaid eligible family members independent of meeting the identified client's treatment needs are not covered by Medicaid.

B. Rehabilitative Services by Community Mental Retardation Clinics

Rehabilitative services which are restricted to Community Mental Retardation Clinics are covered for eligible Medicaid recipients. Providers of rehabilitation services shall meet the following criteria:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

13.d. Rehabilitative Services (continued)

1) Be under contract with the Department of Mental Health and Mental Retardation to provide community mental retardation services;

2) The agency will have a minimum of three years experience in serving persons with mental retardation;

3) The agency will be licensed by the Department of Mental Health and Mental Retardation and demonstrate a consistent history of conformity to licensure law;

4) There shall be a person specified by the clinic who shall have the authority and responsibility for the management, control, and administration of the clinic; This person should have at least three years experience in the field of providing services to persons with mental retardation and a degree in the field of human services;

5) Medical personnel employed and treatment services delivered in a mental retardation clinic shall be under the supervision, control and responsibility of a physician currently licensed in the State of Tennessee. The physician shall visit the clinic as required to insure good quality care;

6) There shall be a licensed person (Physician, RN, LPN, Teacher, Social Worker, Psychologist) on the grounds of the facility whenever services are being provided;

7) The agency will maintain an adequate accounting system as required by the Comptroller's office and must adhere to the Department of Mental Health and Mental Retardation's fiscal reporting requirements;

8) The authority, responsibility, and function for each category of staff shall be clearly defined in the form of written policies and job descriptions;

9) The agency will maintain adequate treatment records on all clients including an individual habilitation plan, social history, medical history, and a record of all services provided under the clinic option;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

13.d. Rehabilitative Services (continued)

10) The agency will meet DMR Quality Assurance Standards and must not have had any critical standards deficient in the past three years which were not corrected in a timely manner;

11) The agency must have a letter of support from the Superintendent and be approved as a mental retardation clinic provider by the Division of Mental Retardation and the Department of Health, and must have an approved provider contract for clinic services with the Department of Health, Bureau of Medicaid prior to providing any services;

12) Be willing to submit quarterly reports to the Division of Mental Retardation on the numbers served and the units of service provided to each person;

13) The applicant may not be a hospital.

14) In order to qualify as a Mental Retardation Clinic provider, an agency must meet the eligibility criteria of a clinic, be approved by DMR, and must obtain a certificate of authority from the Department of Health. The agency must submit a completed application on a form prepared and furnished by the Department of Health. The application shall contain the name of the provider, the person in charge of the Clinic, the type of persons to be served, the location of the facility, the physician in charge, the names and official capacity of the governing body, and any other required information. The application will also be reviewed by DMR and upon approval by both Departments. DOH will execute a contract.

15) The facility must meet the conditions of participation outlined above which include a physician direction requirement and a requirement that each facility have a licensed staff person on the premises when services are being delivered. The licensed person can be a physician, R.N., L.P.N., social worker, or teacher.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

13.d. Rehabilitative Services (continued)

It is important for providers to meet these criteria in order to assure that recipients of services under this rehabilitation option receive the highest quality and most appropriate services possible. The services to be covered under this rehabilitation services option meet the definition of rehabilitation services found in 42 CFR 440.130(d) and include the following:

1) Child Treatment - Home Based Services - Home Based Services are defined as: The provision of goal directed training in the home of a child to assist the child in learning self-help, communication, and gross motor skills by training parents how to direct and carry over the training begun by the trainers. These services are provided by licensed teachers (B.S. or M.S.) and/or teacher assistants (A.A. or H.S. education), under the direction of a licensed teacher.

2) Day Treatment Services - The provision of services which assist individuals who are past school age in acquiring and maintaining personal and community living skills and to further develop their physical, mental, and social functioning. Includes programs designed to teach independent living, self-help, and communication. Off Site Services are defined as the provision of services designed to assist individuals in acquiring community living and independent living skills. These services may be provided in the clients home or in other community settings which enhance the clients integration into normal community activities.

3) Diagnostic and Evaluation Services - The provision of diagnostic evaluations by qualified professionals in order to determine strengths and weaknesses in the areas of physical health, speech, hearing, intellectual functioning, motor function and coordination.

D1162154

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

---

14. Services for individuals age 65 or older in institutions for mental diseases.

14.b. Nursing facility services.

Nursing facility services for individuals age 65 or older will be provided at Level I or Level II Care. Medicaid will apply medical criteria for admission and continued stay at the level of care designated and approved by the Tennessee Medicaid program.

The recipient on Level I Care must require on a daily basis, 24 hours a day, licensed nursing services which as a practical matter can only be provided on an inpatient basis.

The recipient on Level II Care must require on a daily basis, 24 hours a day, skilled/complex nursing or skilled/complex rehabilitative services which as a practical matter can only be provided on an inpatient basis.

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

15. Services in an intermediate care facility for the mentally retarded (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

Intermediate care facility services in a institution (or distinct part thereof) for the mentally retarded or persons with related conditions shall be limited to persons who have a preadmission evaluation approved by the Tennessee Medicaid program.

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Inpatient psychiatric facility services for individuals under 22 years of age are limited to an acute level of psychiatric hospital care for recipients who meet state established medical necessity criteria as specified in subparagraph (w) of paragraph (1) of state administrative rule 1200-13-1-.03. Acute psychiatric inpatient care is hospital based treatment provided under the direction of a physician for a psychiatric condition which has a relatively sudden onset and a short, severe course. The psychiatric condition should be of such a nature as to pose a significant and immediate danger to self, others, or the public safety or one which has resulted in marked psychosocial dysfunction or grave mental disability of the patient. The therapeutic intervention should be aggressive and aimed at expeditiously moving the patient to a less restricted environment.

Effective October 1, 1992, education costs will be considered as a part of the operating component, when educational services are an integral part of a recipient's acute inpatient psychiatric care involving active treatment, pursuant to an individual plan of care developed by an inter-disciplinary treatment team, and ordered by the recipient's attending physician.

D3110347

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION
AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

17. Nurse-midwife services

a. Restriction of Practice: All delegated medical tasks and drug management services must be rendered in accordance with a protocol jointly developed by the physician and nurse-midwife. Maternity services performed by the nurse-midwife are not to include the assisting of child birth by an artificial, forcible, surgical or mechanical means not addressed in the protocol. Newborn services are limited to routine newborn care.

b. Participation: In order for a nurse-midwife to obtain a Medicaid provider number and receive reimbursement the following requirements must be met:

1. Completion and submission of a nurse-midwife enrollment form which includes a copy of the certification issued by the American College of Nurse-Midwives and a copy of a current Tennessee Registered Nurse license;

2. Submission of a nurse-midwife consultation and referral agreement with a physician(s) actually engaged in the practice of obstetrics and participating in the Tennessee Medicaid program; and

3. Execution of a Medicaid provider agreement.

c. Covered Services: Medicaid covered services provided by the nurse-midwives are limited to those diagnoses and procedures related to an uncomplicated maternity cycle, an uncomplicated delivery, and routine newborn care. Reimbursement for these services will not be made unless one of the diagnoses and procedures listed below are documented on the claim.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION
AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

17. Nurse-midwife services (continued)

1. Covered Classifications are:

   i. Supervision of normal first pregnancy;

   ii. Supervision of other normal pregnancy;

   iii. Single liveborn - except for an emergency only when born in a hospital or in an Ambulatory Surgical Center classified to provide maternity services; or

   iv. Delivery in a completely normal case.

2. Covered Procedures are:

   i. Total obstetric care (all-inclusive, "global" care) includes antepartum care, vaginal delivery and postpartum care. This excludes forceps or breech delivery.

   ii. Vaginal delivery only including in-hospital postpartum care (separate procedure). This excludes forceps or breech delivery.

   iii. Antepartum care only (separate procedure).

   iv. Postpartum care only (separate procedure).

   v. Antepartum office visits (new or established patient).

   vi. Newborn care in hospital, including physical examination of baby and conference(s) with patient(s).

   vii. Assist at surgery for Cesarean deliveries.

   8/23/89

D1079167

TN No. 89-9 DATE/RECEIPT 8/15/89
SUPERSEDES DATE/APPROVED 8/28/89
TN No. 89-18 DATE/EFFECTIVE 7/1/89

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

18. Hospice Care (in accordance with section 1905(o) of the Act).

Hospice services will be covered with an established maximum limit of:

210 days of hospice care consisting of three (3) benefit periods - two (2) 90-day periods and one (1) subsequent 30-day period.

Hospice benefits paid by Medicare or other insurance will be considered to be benefits paid by the Medicaid program.

D3030136(3)

Attachment 3.1.A.1
(Program A)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (A) - Pregnant Women

Prenatal case management is limited to pregnant women who would be eligible for a Title V program. Services will be provided in accordance with the Medicaid/Title V agency agreement. There is also a limit of one home visit per month.

D3129191

AT-89-24
Effective 7/1/89

TN NO. 89-24 DATE/RECEIPT 9-19-89
SUPERSEDES DATE/APPROVAL 4-5-90
TN NO. NEW DATE/EFFECTIVE 7-1-89

Attachment 3.1.A.1
(Program B)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (B) - Infants and Children to Age 2

Infant and child case management services are limited to infants and children to age 2 who would be eligible for a Title V program. Services will be provided in accordance with the Medicaid/Title V agency agreement. There is also a limit of one (1) home visit per month.

GW/D2189194

Attachment 3.1.A.1
(Program C)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (C) - Mental Health

Case management services will be limited to those Medicaid eligible clients who meet the criteria as specified below:

Children under age 21 must meet at least one of the following conditions:

a. have a history of hospitalization or out-of-home placements for serious emotional problems; or

b. be at imminent risk (placement within 48 hours) of hospitalization or out-of-home placement at state expense for emotional problems; or

c. be seriously emotionally disturbed, as evidenced by the clinical diagnosis of major mental illness, such as pervasive developmental disorders, childhood schizophrenia, schizophrenia of adult type manifesting in adolescence, severe behavioral disorders requiring long-term residential care, mental retardation/developmental disabilities with accompanying mental disorders, or other disorders fitting disability requirements of this definition (or likely to have a duration of) at least one year; or

d. have functional problems of sufficient severity to result in substantial limitations of major life activities in two or more of the following categories: self-care at an appropriate developmental level, perceptive and expressive language, learning, self-direction, and capacity for living in a family or family equivalent.

Recipients over age 21 must meet at least one of the following conditions:

a. have a history of hospitalization for psychiatric problem(s) within the past five years; or

b. have a major DSM III-R psychiatric diagnosis, i.e., schizophrenia, mood disorders (bipolar disorders, major depression), delusional (paranoid) disorder; and organic mental disorder (except substance abuse); or

c. have a rating of 6 (very poor) or 7 (grossly impaired) on Axis V of DSM III-R.

D1029200

Attachment 3.1.A.1
(Program D)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Program (D) Children In State Custody or At Risk of State Custody

Case management services are limited to children to age of 21 in or entering state custody or at imminent/serious risk of entering state custody. Services will be provided in accordance with Medicaid/Title V agency agreement.

D1162071

Attachment 3.1.A.1
(Program E)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or sectin 1915(g) of the Act).

PROGRAM (E) - Children's Special Services (CSS) Targeted Case Management

Case management services are limited to infants and children to age 21 enrolled in the Children's Special Services Program. Services will be provided in accordance with Medicaid/Title V interagency agreement by providers who are Title V agencies or who are subcontractors to a Title V agency.

D1163012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION OF AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

20. Extended Services for Pregnant Women

Subject to the same medical services, limitations as other Medicaid recipients (i.e., days for inpatient hospital, physician visits, etc.).

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Subject to the same medical services, limitations as other Medicaid recipients with the exception of inpatient services, which are not covered.

22. Respiratory Care Services

Respiratory Care Services are limited to the medical equipment and medical supplies that are listed as medically necessary by the attending physician.

AT-89-4
Effective 2-1-89

GW/D4179023

TN No. 89-4 DATE/RECEIPT 3/23/89
SUPERSEDES DATE/APPROVED OCT 10 1989
TN No. 87-7 DATE/EFFECTIVE 2/1/89

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION, AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

---

23. Certified Pediatric or Family Nurse Practitioners Services.

Limited to services provided through the TennCare waiver and Medicare crossovers.

D3024137

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

---

24 ~~23~~. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

24 ~~23~~.a. Transportation

Transportation in compliance with 42 CFR 440.170 will be covered under the following conditions:

(1) Emergency ambulance transportation shall be provided for recipients in case of injury or acute medical condition where the same is liable to cause death or severe injury or illness as determined by the attending physician paramedic, emergency medical technician, or registered nurse. Coverage shall be limited to one-way transportation to the nearest appropriate facility. Appropriate facility shall mean an institution that is generally equipped and staffed to provide the needed hospital care for the illness or injury involved. The fact that a more distant institution may be better equipped to care for the patient shall not warrant a finding that a closer institution does not have "appropriate facilities". An institution shall not be considered an appropriate facility if there is no bed available.

Coverage of air ambulance transportation shall be limited to situations where transportation by land ambulance was contraindicated because the point of pickup was inaccessible by land vehicle or the time/distance to reach a hospital with appropriate facilities was prohibitive because of the patient's medical condition.

(2) Non-Emergency Ambulance services will be reimbursed when the recipient's condition is such that use of any other method of transportation is contraindicated. For reimbursement, a physician, paramedic, emergency medical technician, registered nurse, or licensed practical nurse must prepare written documentation that the patient's condition warrants such services. This documentation must be attached to the ambulance provider's request for payment. Assurance of transportation in accordance with 42 CFR 431.53 is provided in section 3.1-D of the Tennessee State Plan.

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

---

24 23.a. Transportation - Continued

(3) Commercial transportation services such as taxicabs, buses, vans, common carriers etc. will be covered for recipients who are determined eligible for transportation services.

(4) Volunteer transportation services such as those provided by friends, neighbors and family members will be covered for recipients who are determined eligible for transportation services.

(5) The Bureau of Health Services Administration (HSA) and Health System Developments (HSD) through intradepartmental agreements are responsible for negotiating the most cost effective provider agreements between commercial providers and Medicaid. HSA and HSD are also responsible for actually arranging transportation services and for monitoring provider compliance with provider agreements. State employees or other employees of HSA and HSD who transport recipients will do so only as a last resort. Reimbursement for transportation services provided by state employees will be requested at the administrative match rate.

Attachment 3.1.A.1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE TENNESSEE

LIMITATION ON AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

Need to be deleted

~~23~~ 24.c. Care and services provided in Christian Science Sanitoria

Limited to 10 days per fiscal year.

~~23~~ 24.d. Nursing facility services for patients under 21 years of age.

Nursing facility services to include Level I and Level II (other than services in an institution for mental diseases) will be covered. Medicaid will apply medical criteria for admission and continued stay at the level of care designated and approved by the Tennessee Medicaid program.

The recipient on Level I Care must require on a daily basis, 24 hours a day, licensed nursing services which as a practical matter can only be provided on an inpatient basis.

The recipient on Level II Care must require on a daily basis, 24 hours a day, skilled/complex nursing or skilled/complex rehabilitative services which as a practical matter can only be provided on an inpatient basis.

~~23~~ 24.e. Emergency Hospital Services

Subject to the same limitations as item 1 (inpatient hospital services).