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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 22-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 24, 2022

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

Re: Tennessee State Plan Amendment (SPA) Transmittal #22-0005

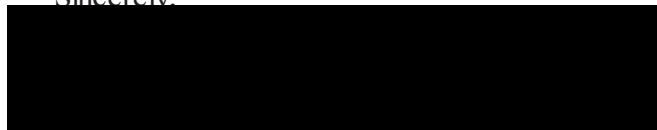
Dear Mr. Smith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) #22-0005. This amendment is submitted to transfer responsibilities for surveying healthcare facilities in Tennessee from the Department of Health to the Health Facilities Commission (HFC).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Tennessee Medicaid SPA #22-0005 was approved on June 23, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact Tandra Hodges at 404-562-7409 or via email at Tandra.Hodges@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Aaron Butler

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 5

2. STATE

TN

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 431.610

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 4, Item 4.11 pages 42 and 43.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Section 4, Item 4.11 pages 42 and 43.

9. SUBJECT OF AMENDMENT

Section 4 - General Program Administration - Relations with Standard- Setting and Survey Agencies.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Stephen Smith

13. TITLE
Director, Division of TennCare

14. DATE SUBMITTED
June 20, 2022

15. RETURN TO

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

Attention: George Woods

FOR CMS USE ONLY

16. DATE RECEIVED
June 20, 2022

17. DATE APPROVED
June 23, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: Tennessee

Citation

42 CFR 431.610

AT-78-90

AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

- (a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is The Health Facilities Commission.
- (b) The state authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): The Health Facilities Commission.
- (c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: Tennessee

Citation

42 CFR 431.610

AT-78-90

AT-80-34

4.11 Relations with Standard-Setting and Survey Agencies

- (d) The Health Facilities Commission (agency) which is the state agency responsible for licensing health institutions, determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e), (f) and (g) are met.