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State/Territory Name: Tennessee

State Plan Amendment (SPA) #: 23-0004

This file contains the following documents in the order listed:

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

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

December 11, 2023

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

Re: Tennessee State Plan Amendment (SPA) Transmittal #23-0004

Dear Director Smith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0004. This amendment is submitted to update the state plan to reflect the current Preadmission Screening and Annual Resident Review process.

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's Medicaid SPA 23-0004 was approved on December 11, 2023, with an effective date of July 1, 2023.

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

Sincerely,

A black rectangular redaction box covers the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Aaron Butler

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 4

2. STATE

T N

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, 2023

5. FEDERAL STATUTE/REGULATION CITATION
1902(a)(28)(D)(i) and 1919(e)(7) of the Act.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.39-A, page 1.

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.39-A, page 1.

9. SUBJECT OF AMENDMENT

Preadmission Screening and Annual Resident Review in Nursing Facilities - Categorical Determinations.

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]

15. RETURN TO

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

12. TYPED NAME
Stephen Smith

13. TITLE
Director, Division of TennCare

14. DATE SUBMITTED
September 14, 2023

Attention: George Woods

FOR CMS USE ONLY

16. DATE RECEIVED
September 14, 2023

17. DATE APPROVED
December 11, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

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

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Tennessee

CATEGORICAL DETERMINATIONS

The following is a description of the categories allowed by the State of Tennessee for which the State Mental Health or Intellectual Disability authority may make an advance group determination that nursing facility services are needed.

TERMINAL ILLNESS: The individual is terminally ill and has a medical prognosis that life expectancy will be six months or less, and the individual is not a danger to self or to others. An individual in this category will be subject to a Level II PASRR evaluation at the end of six months.

CONVALESCENT CARE: The individual is being admitted from a hospital to receive convalescent care not to exceed 60 days, and the individual is not a danger to self or to others. If before or at the end of the 60 day period, it is determined that the individual will continue to require NF level of care, then he/she must have a Level II PASRR evaluation completed.

SEVERITY OF ILLNESS: The individual has a medical condition of such severity that the individual could not be expected to benefit from specialized services for mental illness or intellectual disability (e.g., coma, ventilator-dependent, severe Parkinson's Disease, Huntington's Disease, or Amyotrophic Lateral Sclerosis), and the individual is not a danger to self or to others. Note: Documentation of the severity of the illness must be submitted. An individual in this category will be subject to a Level II PASRR evaluation if his condition improves.

EXEMPTED HOSPITAL DISCHARGE: The individual has a known or suspected serious mental illness, intellectual disability or related condition and is being admitted to any NF directly from a hospital after receiving acute inpatient care at the hospital; who requires NF services for the condition for which he/she received care in the hospital; and whose attending physician has certified prior to admission to the facility that the individual is likely to require less than 30 days of NF services. If it is determined the individual will need to stay in the NF for longer than 30 days, then he/she must have a Level II PASRR evaluation completed within 40 calendar days of admission to the facility.

RESPIRE STAY: The individual requires a very brief and finite stay of up to a fixed number of days, not to exceed 14, to provide respite to in home caregivers to whom the individual is expected to return following the brief and finite stay. If it is determined the individual will need to stay in the NF for longer than 14 days, then he/she must have a Level II PASRR evaluation completed before continuation of the stay may be permitted and payment made for days of NF care beyond the 14 day limit.

The following is a description of the category allowed by the State of Tennessee for which the State Intellectual Disability authority may make an advance group determination that specialized services are not needed.

DEMENTIA/ID: The individual has a dual diagnosis of intellectual disability and dementia (including Alzheimer's disease and related disorders) as certified by a physician.

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