

**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
11-004

2. STATE  
TENNESSEE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
April 1, 2011

5. TYPE OF PLAN MATERIAL (Check One):  
 NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
P.L. 110-379 Qualifying Individual (QI) Program Supplemental Funding Act of 2008.

7. FEDERAL BUDGET IMPACT:  
a. FFY 2011 \$ 0  
b. FFY 2012 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
Section 4, page 79.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Section 4, page 79.

10. SUBJECT OF AMENDMENT:  
Section 4 – General Program Administration – Public Assistance Reporting Information System (PARIS).

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
  
13. TYPED NAME: Darin J. Gordon  
  
14. TITLE: Director, Bureau of TennCare  
  
15. DATE SUBMITTED: 5/6/11

16. RETURN TO:  
Tennessee Department of Finance and Administration  
Bureau of TennCare  
310 Great Circle Road  
Nashville, Tennessee 37243  
  
Attention: George Woods

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 5/6/11

18. DATE APPROVED: 5/27/11

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/11

20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted]

21. TYPED NAME: Jackie Gilaze

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health Opns

23. REMARKS: