TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-014	2. STATE TENNESSEE
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2012	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:
1905(a)(26) and 1934 of the SSA; 42 CFR 435	a. FFY 2012 $0 b. FFY 2013 $0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Supplement 3 to Attachment 3.1-A, pages 1, 2, 4, 5, 6, 6a, and 6b	Supplement 3 to Attachment 3.1-A, pages 1, 2, 4, 5, and 6

10. SUBJECT OF AMENDMENT:

Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy – Program of All-Inclusive Care for the Elderly (PACE)

11. GOVERNOR'S REVIEW *(Check One)*:

X GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: Darin J Gordon /WD	16. RETURN TO: Tennessee Department of Finance and Administration Division of Health Care Finance and Administration Bureau of TennCare 310 Great Circle Road Nashville, Tennessee 37243 Attention: George Woods
13. TYPED NAME: Darin J. Gordon	
14. TITLE: Director, Bureau of TennCare	
15. DATE SUBMITTED: 12/22/11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/22/11	18. DATE APPROVED: 09/21/12
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/12	20. SIGNATURE OF REGIONAL OFFICIAL: Jackie Glaze
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS:

Approved with the following changes to item 8 and 9 as authorized by State Agency on email dated 09/06/12:

Block # 8 changed to read: Supplement 3 to Attachment 3.1-A, pages 1, 2, 4, 5, 6, 6a, 6b and 6c and Attachment 2.2-A, page 11.

Block # 9 changed to read: Supplement 3 to Attachment 3.1-A, pages 1, 2, 4, 5, 6 and Attachment 2.2-A, page 11.